

Australian hospital statistics 2003–04

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Australian hospital statistics 2003–04

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Foreword

Australian Hospital Statistics 2003–04 continues and further develops the Australian Institute of Health and Welfare's comprehensive annual reporting on Australia's hospitals. Detailed information is presented on hospital care and hospitals in 2003–04, as are summaries of changes over time, and comparisons between public and private hospitals.

This year, detailed data on care provided in emergency departments of selected public hospitals are included for the first time. Information on patient demographics, duration of care, departure destination and waiting times covers about three-quarters of the approximately 6 million occasions of service in public hospital emergency departments each year.

Another innovation this year is the incorporation of statistics using the Australian Bureau of Statistics' 2001 Index of Socioeconomic Advantage/Disadvantage. This increases the range of hospital separation rates information presented as performance indicators relating to hospital and non-hospital care.

The range of statistics illustrating changes over time has also been widened for this report. Time series are now presented in the summary 'Hospitals at a glance' section and in eight other chapters. They illustrate changes in overall activity levels, in patient demographics, in diagnoses and procedures, in funding sources and in waiting times and other performance indicators. Care should be exercised in comparison between 2002–03 and 2003–04 as there have been changes in the categorisation of two hospitals, from private to public. 'Hospitals at a glance' provides a year on year comparison adjusted for this change and for changes in hospital coverage, and the reader is urged to use these adjusted figures.

The Australian Government now publishes an annual *The State of our Public Hospitals* report. After the 2005 report is published, variations between it and this report will be outlined in the online version of Appendix 7.

Timeliness is an important quality for statistical reports so the AIHW has worked to publish *Australian Hospital Statistics* each year within 12 months of the end of the reference period. This year, publication is in May rather than June, within 11 months of the end of the reference period. This represents a welcome improvement in timeliness for which the contributions of state and territory health authority data providers are much appreciated.

The AIHW will continue to work with the data providers and the Australian Hospital Statistics Advisory Committee to maintain timeliness, and to improve the quality and usefulness of this report. Comments from readers are always welcome.

Richard Madden

Director

May 2005

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- Ken Tallis (AIHW) (Chair)
- Paul Basso (South Australian Department of Health)
- Ian Bull (Australian Capital Territory Department of Health)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
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- Andrew George-Gamlyn (Australian Health Care Association)
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Abbreviations

ABS	Australian Bureau of Statistics	NHCDC	National Hospital Cost Data Collection
ACT	Australian Capital Territory	NHDC	National Health Data Committee
AIHW	Australian Institute of Health and Welfare	NHMBWG	National Health Ministers' Benchmarking Working Group
ALOS	Average length of stay	NHPA	National Health Priority Area
AMI	Acute myocardial infarction	NHPC	National Health Performance Committee
AR-DRG	Australian Refined Diagnosis Related Group	n.p.	Not published
Ave	Average	NSSRG	Non-specialist service related group
behav.	Behavioural	NSW	New South Wales
CABG	Coronary artery bypass graft	NT	Northern Territory
Cat.	Catastrophic	OECD	Organisation for Economic Co-operation and Development
CC	Complication and/or comorbidity	Op.	Operation
CDE	Common duct exploration	O.R.	Operating room
COPD	Chronic obstructive pulmonary disease	PICQ	Performance Indicators for Coding Quality
dis.	Diseases	PPH	Potentially preventable hospitalisation
DHAC	Department of Health and Aged Care	Proc(s)	Procedure(s)
DoHA	Department of Health and Ageing	Qld	Queensland
DRG	Diagnosis Related Group	RRMA	Rural, Remote and Metropolitan Area
ECMO	Extracorporeal membrane oxygenation	RSI	Relative stay index
ECT	Electroconvulsive therapy	SA	South Australia
Exp.	Exposure to	SCRGSP	Steering Committee for the Review of Government Service Provision
FTE	Full-time equivalent	SEIFA	Socio-Economic Indexes for Areas
HASAC	Health and Allied Services Advisory Council	Sep.	Separation
HIV	Human immunodeficiency virus	Sev	Severe
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification	SLA	Statistical Local Area
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification	SRG	Service Related Group
IFRAC	Admitted patient fraction	SRR	Standardised separation rate ratio
inv.	Involving	SSRG	Specialised service related group
mal.	Malignant	Tas	Tasmania
MDC	Major Diagnostic Category	URI	Upper respiratory tract infection
Mis	Misadventure	Vic	Victoria
n.a.	Not available	VMO	Visiting medical officer
NCCH	National Centre for Classification in Health	W	With
n.e.c.	Not elsewhere classified	W/O	Without
		WA	Western Australia
		..	Not applicable

Hospitals at a glance

Australian Hospital Statistics 2003–04 provides an eleventh year of comprehensive annual statistical reporting by the Australian Institute of Health and Welfare on the characteristics and activity of Australian hospitals. The aim of this section is to provide a summary of Australian hospitals. It illustrates changes in hospital activity over time and some differences between hospitals in the public and private sectors.

More information on how to interpret the data is provided in the relevant chapter quoted in each subsection. More information about the terms used is in the Glossary. Hospitals included in this report include public acute care and psychiatric hospitals, private free-standing day hospital facilities and other private hospitals (including psychiatric hospitals).

Admitted patient separations and patient days

Separations and patient days provide useful ways to measure how many admitted patients are treated in hospitals. See *Chapter 2*.

Changes between 2002–03 and 2003–04

- Between 2002–03 and 2003–04, separations increased by 2.1% for public acute hospitals, and by 4.0% for private hospitals, after adjusting for coverage change and for two New South Wales hospitals having been recategorised from the private sector to the public sector.
- After the same adjustments, separations increased by 2.1% for public patients, and by 4.1% for private patients, and separations for which private health insurance was reported as the funding source increased by 4.9%.
- After the same adjustments, the number of patient days increased by 1.0% in public acute hospitals, and by 1.7% in private hospitals.
- There were 6,841,192 separations and 23,583,213 patient days in 2003–04, compared with 6,645,311 separations and 23,540,797 patient days in 2002–03.

- Unadjusted, separations increased by 2.9%, reflecting a 2.7% increase in public acute hospitals and a 3.4% increase in the private sector. Patient days increased by 1.5% in public acute hospitals and by 0.7% in the private sector.

Changes between 1994–95 and 2003–04

- Between 1994–95 and 2003–04, separations increased by 40.2%. Separations increased by 22.3% in public acute hospitals and by 80.8% in private hospitals (including free-standing day hospital facilities).
- Over the same period, the number of patient days in public acute hospitals increased by 1.1%, while for private hospitals they increased markedly (up by 32.5%).
- Separations per 1,000 population increased by 6.1% for public acute hospitals and by 53.7% for private hospitals between 1994–95 and 2003–04 (Figure 1).
- Over the same period, patient days per 1,000 population decreased by 16.2% for public acute hospitals and increased by 8.5% for private hospitals (Figure 2).
- Separations per 1,000 population for public psychiatric hospitals fell by 22.5% between 1996–97 and 2003–04

and there was a 54.5% fall in patient days per 1,000 population.

- In 1994–95, 70.1% of separations and 74.2% of patient days in acute care hospitals were in public acute hospitals. By 2003–04, these percentages had fallen to 61.2% and 66.7%, respectively, showing a shift in hospital utilisation from public acute to private hospitals during this period.

Separations per 1,000 population

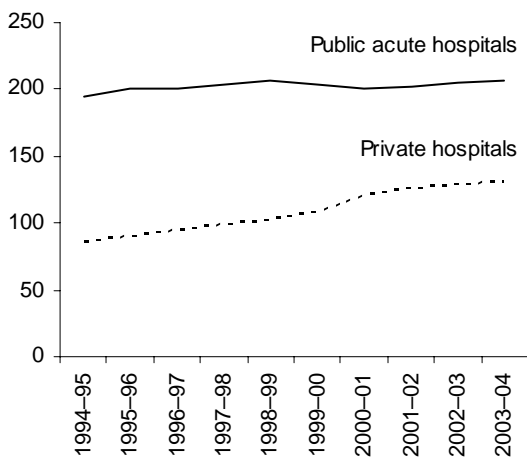


Figure 1: Separations per 1,000 population, public acute and private hospitals, Australia, 1994–95 to 2003–04

Patient days per 1,000 population

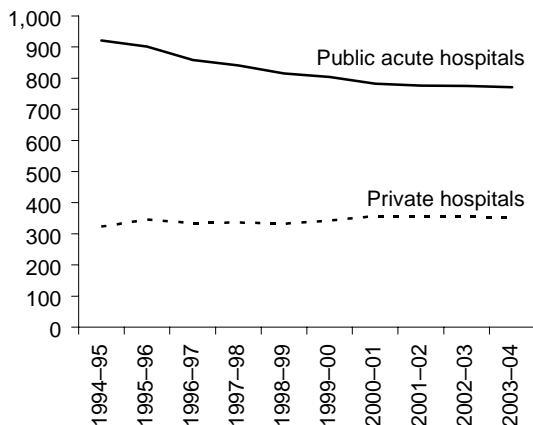


Figure 2: Patient days per 1,000 population, public acute and private hospitals, Australia, 1994–95 to 2003–04

Length of stay

The proportion of separations that are same day is increasing, and the average length of stay in hospitals is decreasing. See *Chapter 2*.

- The proportion of same day separations increased between 1994–95 (40.2%) and 2003–04 (54.3%).
- The number of same day separations increased by 4.0% between 2002–03 and 2003–04, compared with a 1.7% increase in overnight separations. Same day separations increased by 2.6% in public hospitals and by 5.7% in private hospitals.
- The average length of stay in hospitals decreased from 3.5 days in 2002–03 to 3.4 days in 2003–04.
- This continued a decreasing trend observed in previous years. The average length of stay decreased 26.1% between 1994–95 and 2003–04, from 4.6 days to 3.4 days. The average length of private hospital stays decreased to 2.6 days, and that for public acute hospital stays decreased to 3.8 days (Figure 3).

Average length of stay (days)

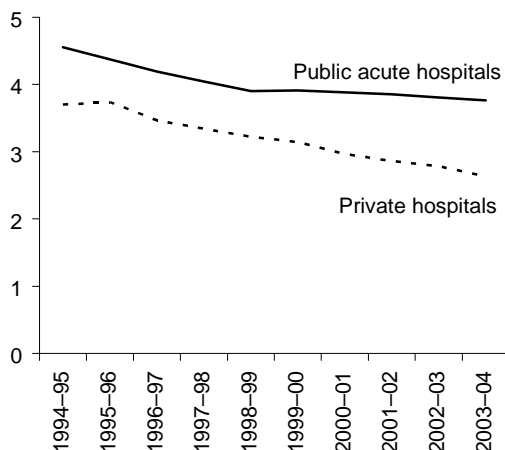


Figure 3: Average length of stay, public acute and private hospitals, Australia, 1994–95 to 2003–04

- Average lengths of stay have remained relatively constant over this period for patients staying at least one night. They were 6.4 days in public acute hospitals and 5.6 days in private hospitals in 2003–04 (Figure 4).

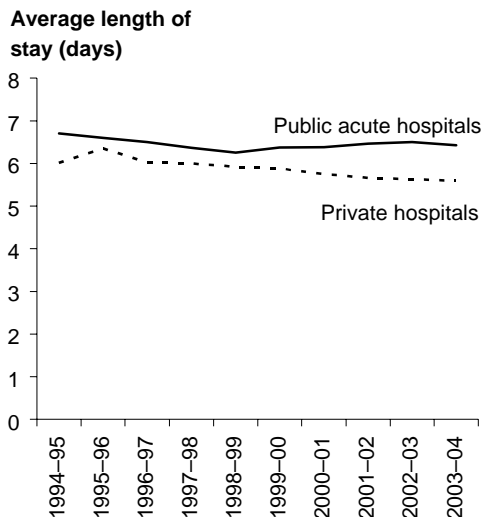


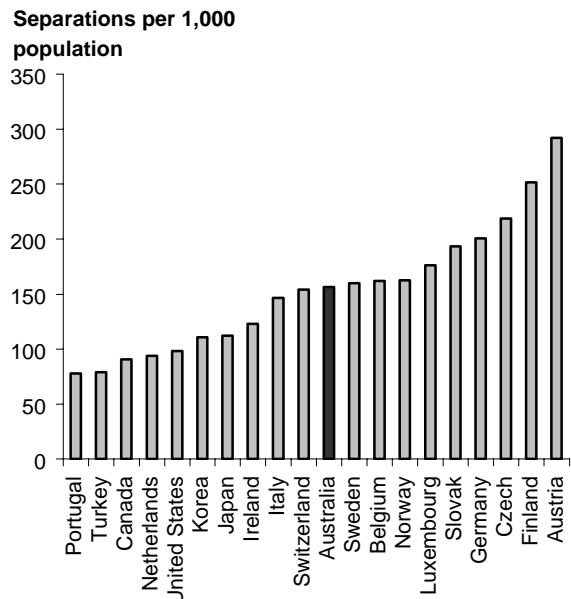
Figure 4: Average length of stay for overnight separations, public acute and private hospitals, Australia, 1994–95 to 2003–04

International comparisons

- The number of overnight separations per 1,000 population in Australia for 2002–03 was in the middle of the range reported by other OECD countries for recent years (Figure 5 (OECD 2004)).
- Comparability of international separation rates is likely to be affected by differences in definitions of hospitals and in admission practices.

Age group and sex

- Females accounted for more separations than did males. See *Chapter 8*.
- In 2003–04, there were 3,646,434 separations for females compared with 3,194,681 separations for males, 53.3% and 46.7% of separations respectively.
- Overall in 2003–04 there were 362.4 separations per 1,000 population for females, compared with 321.5



(a) Data for Canada, the United States, Belgium, Germany and Austria are for 2001–02

Figure 5: Overnight separations per 1,000 population, Australia and selected OECD countries, 2002–03^(a)

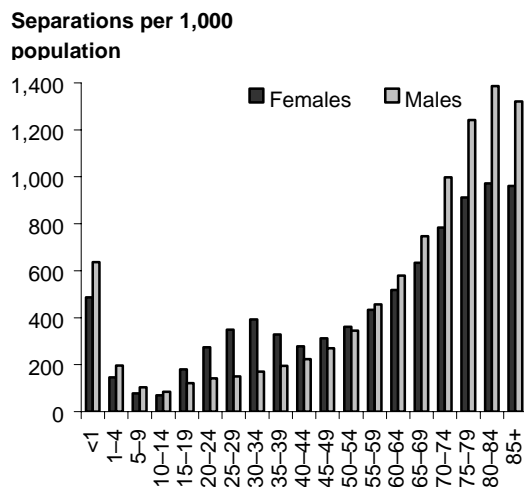


Figure 6: Separations per 1,000 population, by age group and sex, Australia, 2003–04

separations per 1,000 population for males (Figure 6).

- The differences in the separation rates for males and females varied between age groups. There were more separations per 1,000 population for females than for males in all age groups between 15 and 54 years (which include child-bearing ages for women). Males had higher separation rates than

females in all age groups less than 15 years old and 55 years and over.

- Separations for males and females both increased between 1999–00 and 2003–04. These increases were very marked for both females and males aged 55 and over. Most notably, separations increased by 30.6% for females aged 55–64 years and by 39.6% for males aged 85 years and over (Figure 7).
- Separations of persons aged 1–4 years decreased over this period for both males and females.

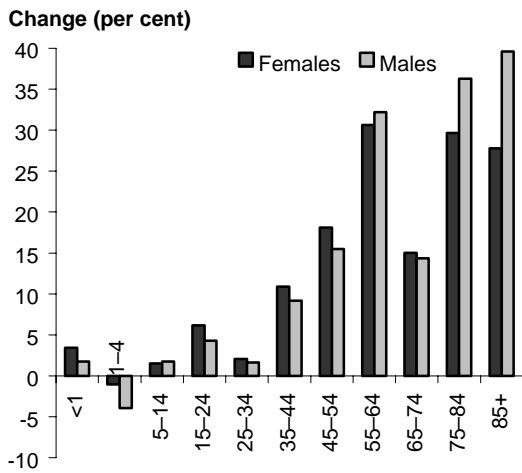


Figure 7: Change in the number of separations (per cent), by age group and sex, Australia, 1999–00 to 2003–04

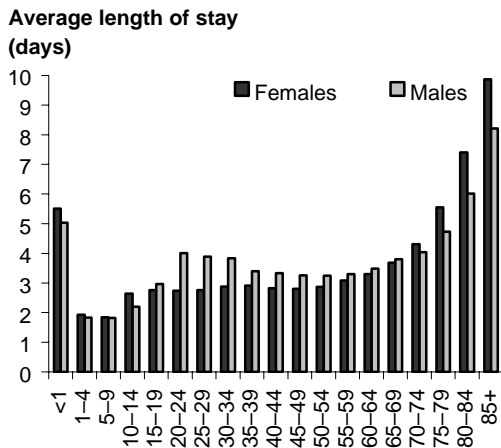


Figure 8: Average length of stay, by age group and sex, Australia, 2003–04

- The average length of stay did not vary greatly between males and females, both being around 3.9 days. Females aged less than 15 years and 70 years and over had longer average lengths of stay than males in those age groups (Figure 8).

Persons identifying as Indigenous

Indigenous people, that is, those identifying as being of Aboriginal and/or Torres Strait Islander origin, had higher separation rates in 2003–04 than other persons. See *Chapter 8*.

- In 2003–04, the separation rate for Indigenous persons (665.3 per 1,000 population) was about double the rate for other persons (331.9 per 1,000 population). It was higher for all age groups, particularly for age groups 35–44 years and older.
- This difference in separation rates is markedly less for persons aged 35 years and over when separations with a principal diagnosis of *Care involving dialysis* are excluded (Figure 9).

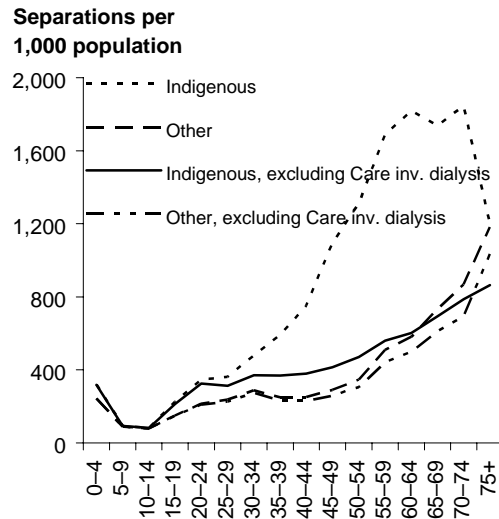


Figure 9: Separations per 1,000 population, by Indigenous status and age group, Australia, 2003–04

Remoteness Areas

Remoteness Area categories divide Australia into areas depending on distances from population centres. See *Chapter 8*.

- The number of separations per 1,000 population varied between Remoteness Areas in markedly different ways for public hospitals and private hospitals (Figure 10).
- Separation rates for public hospitals were highest for patients living in very remote areas (398.4 separations per 1,000 population) and lowest for patients living in major cities (194.9 separations per 1,000 population). This gradient was similarly marked when separations with a principal diagnosis of *Care involving dialysis* were excluded (see *Chapter 9*).
- Separation rates for private hospitals were highest for patients living in major cities (142.4 separations per 1,000 population) and lowest for patients living in very remote areas (37.6 separations per 1,000 population).

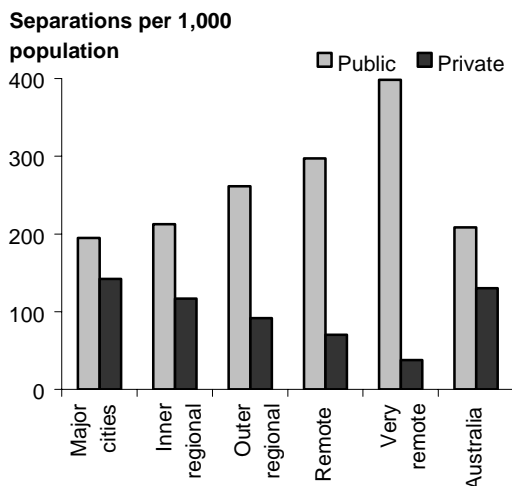


Figure 10: Separations per 1,000 population, by Remoteness Area of usual residence and hospital sector, Australia, 2003-04

- Overall, remote areas had higher separation rates for public hospitals than major cities and regional areas. In contrast, major cities had higher separation rates for private hospitals than regional and remote areas.

Overall type of care

Separations are allocated to Australian Refined Diagnosis Related Groups (AR-DRGs) which can be used to describe whether the overall care was medical, surgical or other. Other care includes endoscopies. See *Chapter 12*.

- In public hospitals, separations with medical AR-DRGs increased by 13.8% between 1999-00 and 2003-04. Separations with surgical AR-DRGs decreased by 3.9% and other AR-DRGs decreased by 3.7% in the same period (Figure 11).

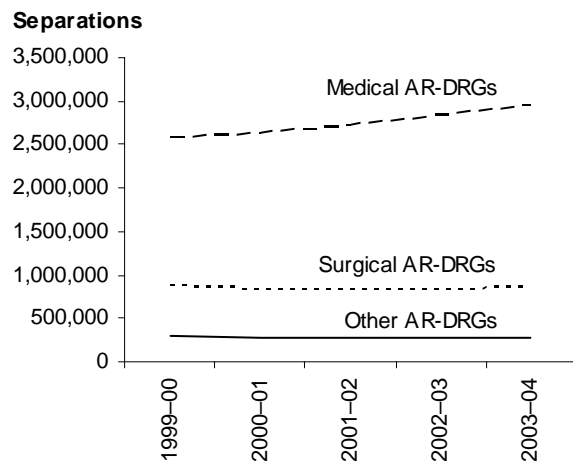


Figure 11: Separations for medical, surgical and other AR-DRGs version 5.0, public hospitals, Australia, 1999-00 to 2003-04

- In private hospitals, separations with medical AR-DRGs increased by 36.4%, those with surgical AR-DRGs increased by 26.6% and those with other AR-DRGs increased by 27.1% (Figure 12).

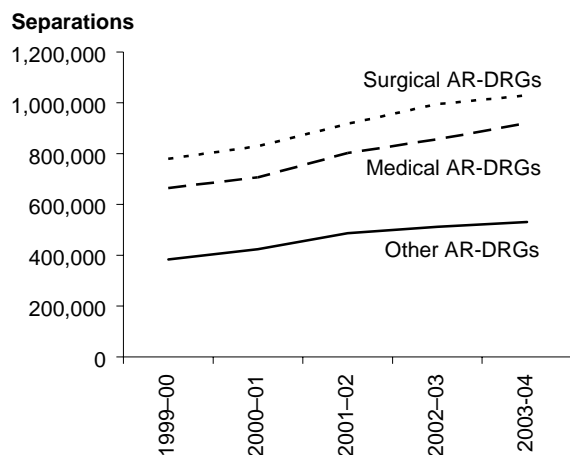


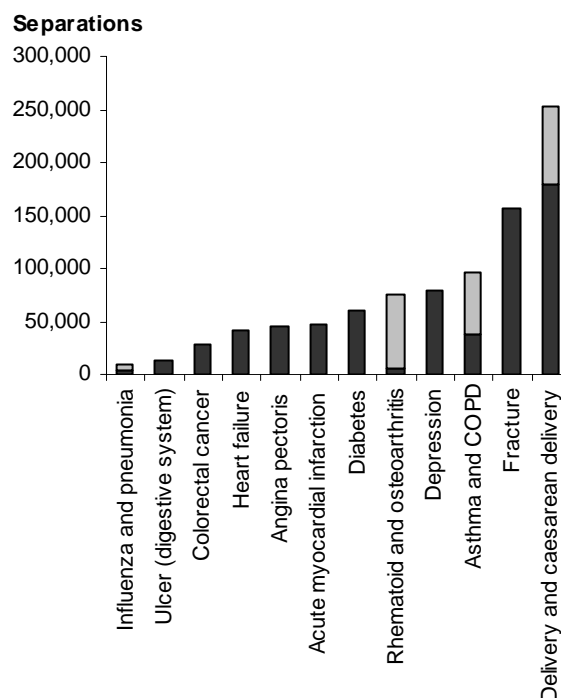
Figure 12: Separations for medical, surgical and other AR-DRGs version 5.0, private hospitals, Australia, 1999-00 to 2003-04

Conditions treated

The conditions (diseases or injuries and poisonings) treated in hospitals are classified using the *International Classification of Diseases, 10th Revision, Australian Modification (ICD-10-AM)*. Using this classification each separation is allocated a principal diagnosis which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care. See *Chapter 9*.

- Overall, 38.4% of separations in 2003-04 had a principal diagnosis that derived from one of five ICD-10-AM chapters: Diseases of the digestive system; Neoplasms; Diseases of the circulatory system; Pregnancy, childbirth and the puerperium; and Injury and poisoning.
- The National Health Priority Areas (NHPAs) initiatives focus on chronic diseases that have a significant health burden. They are: asthma, cancer control, cardiovascular health, diabetes, injury prevention and control, mental health, and arthritis and musculoskeletal conditions.
- In 2003-04 the NHPAs were represented by some high-volume diagnoses. There were 155,841 separations with a principal diagnosis

of fracture; 37,887 separations with a principal diagnosis of asthma and 57,814 with chronic obstructive pulmonary disease (COPD); 76,208 separations with a principal diagnosis of arthritis; 45,523 separations with a principal diagnosis of angina pectoris; and 60,282 separations with a principal diagnosis of diabetes (Figure 13).



Note: Columns with two categories of principal diagnosis are indicated using two shadings.

Figure 13: Separations, by selected principal diagnosis, Australia, 2003-04

Selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations presented in this report are those hospitalisations thought to be avoidable if timely and adequate non-hospital care is provided. Both acute and chronic conditions are represented. Rates for potentially preventable hospitalisations are potential indicators of the effectiveness of non-hospital care. See *Chapter 4*.

- Overall, the selected potentially preventable hospitalisations

represented 9.1% of separations in 2003–04.

- Overall, the number of separations per 1,000 population for the selected potentially preventable hospitalisations increased by an average of 2.1% per year between 1999–00 and 2003–04.
- Some diseases can be prevented by vaccination. The number of separations per 1,000 population for these diseases decreased by an average of 4.1% per year between 1999–00 and 2003–04 (Figure 14).

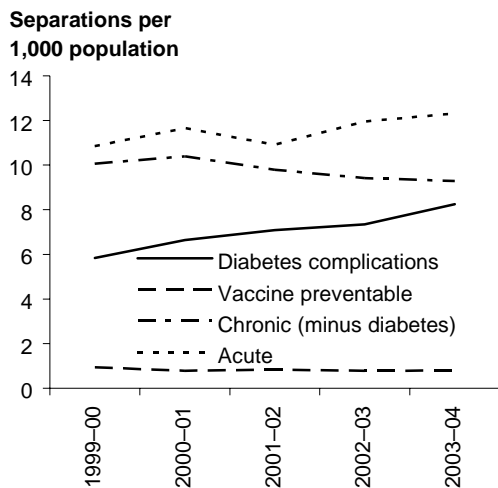


Figure 14: Selected potentially preventable hospitalisations per 1,000 population, Australia, 1999–00 to 2003–04

- For chronic conditions, excluding diabetes, potentially preventable hospitalisations per 1,000 population decreased by an average of 2.0% per year between 1999–00 and 2003–04.
- For diabetes complications, potentially preventable hospitalisations per 1,000 population increased by an average of 9.0% per year between 1999–00 and 2003–04.
- For acute conditions, potentially preventable hospitalisations fluctuated around 12 separations per 1,000 population between 1999–00 and 2003–04.

Procedures undertaken

A procedure can be surgical or non-surgical and can treat or diagnose a condition or be of a patient support nature such as anaesthesia. See *Chapter 10*.

- One or more procedures was reported for 80.6% of the separations in Australian hospitals in 2003–04.
- Overall, 56.1% per cent of separations that reported a procedure occurred in the public sector, while 43.9% occurred in the private sector. This reflects the fact that 73.6% of separations from the public sector recorded a procedure compared with 91.7% in the private sector.
- Separations in 2003–04 for selected high volume procedures and selected procedures that can be electively performed are shown in Figure 15.

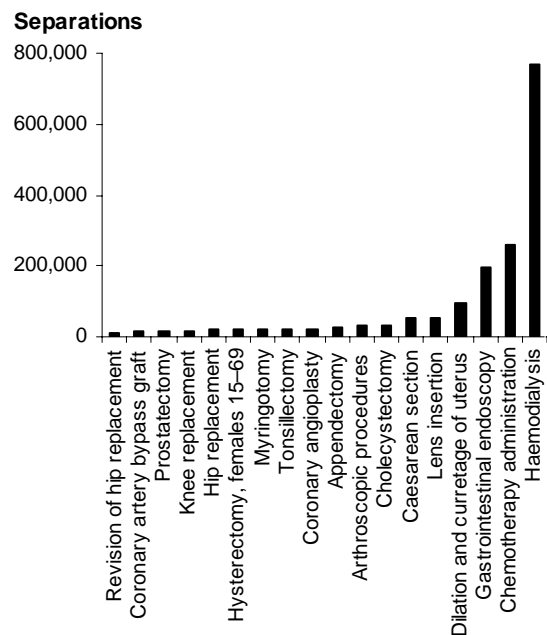


Figure 15: Separations for selected procedures, Australia, 2003–04

- In 2003–04, high volume procedures included *Haemodialysis* (770,231 separations), *Chemotherapy administration* (260,891 separations), *Diagnostic gastrointestinal endoscopy* (193,856 separations), *Dilation and*

curettage of uterus (93,289 separations) and Lens insertion (54,002 separations).

- Some procedures are being increasingly undertaken in the private sector, for example caesarean sections.
- The number of separations for caesarean section increased by 30.7% between 1999-00 and 2003-04. They increased by 56.5% in the private sector and by 18.4% in the public sector.
- In 2003-04, 61.1% of the separations with a caesarean section were in the public sector and 38.9% were in the private sector (44,806 and 28,483 respectively), compared with 67.5% and 32.5% in 1999-00 (37,855 and 18,205 respectively) (Figure 16).

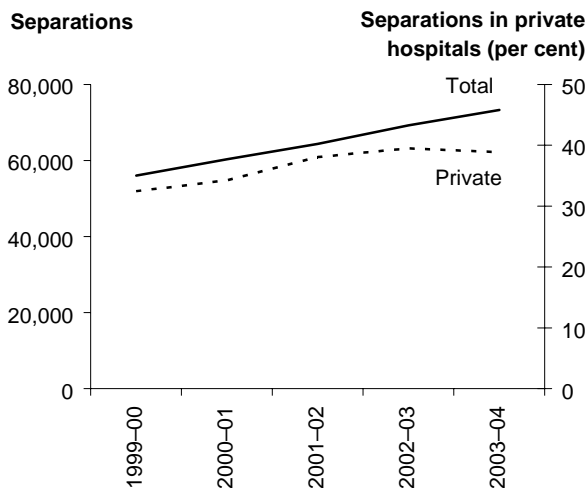


Figure 16: Separations for caesarean section and the proportion in private hospitals, Australia, 1999-00 to 2003-04

Waiting times for elective surgery in public hospitals

The median waiting time for elective surgery in public hospitals in 2003-04 was 28 days. See Chapter 6.

- Ophthalmology, orthopaedic surgery, and ear, nose and throat surgery were the surgical specialties with the longest median waiting times (60, 46 and 35 days respectively) in 2003-04 (Figure 17).

- All other surgical specialties had a median waiting time of less than 30 days. Cardio-thoracic surgery had the shortest median waiting time (11 days).

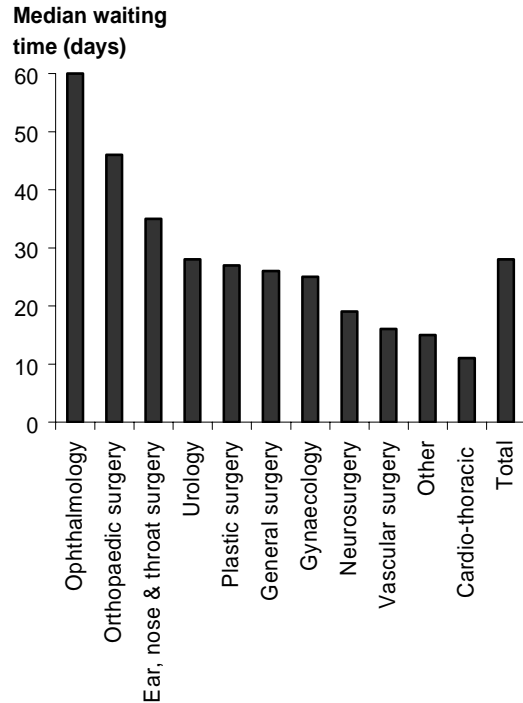


Figure 17: Public hospital median waiting time, by specialty of surgeon, Australia, 2003-04

Emergency department care in public hospitals

About 5.9 million occasions of service were provided in public hospital emergency departments in 2003-04 (see Chapter 5).

- Data on triage category and waiting times were available for about 75% of these occasions of service.
- A higher proportion of patients were seen on time (as defined in Chapter 5) in Large hospitals than in Principal referral and women's and children's hospitals. In Large hospitals, 74% of emergency department occasions of service were seen on time, with 100% of patients who were assigned a triage category of Resuscitation seen on time.

- In *Principal referral and women's and children's hospitals*, 67% of emergency department occasions of service were seen on time, with 100% of patients who were assigned a triage category of *Resuscitation* seen on time.
- In *Large hospitals*, 70% of *Urgent* patients were seen on time compared with 63% in *Principal referral and women's and children's hospitals* (Figure 18).

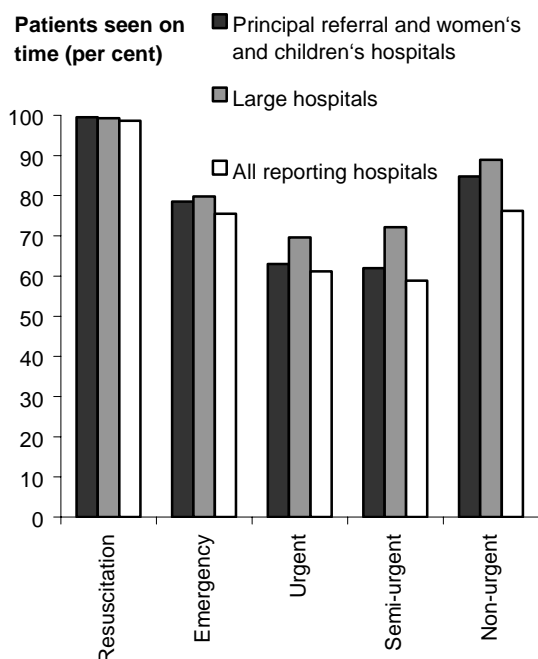


Figure 18: Public hospital emergency department occasions of service seen on time (per cent), by triage category and public hospital peer group, Australia, 2003-04

- Data on patient age group and sex were available for about 73% of emergency department occasions of service, mainly those in *Principal referral and women's and children's hospitals* and *Large hospitals*.
- Males accounted for more emergency department occasions of service than females. There were more occasions of service for males than females in all age groups except for patients aged 75 years and over.
- Persons aged 15-24 years accounted for the largest number of emergency

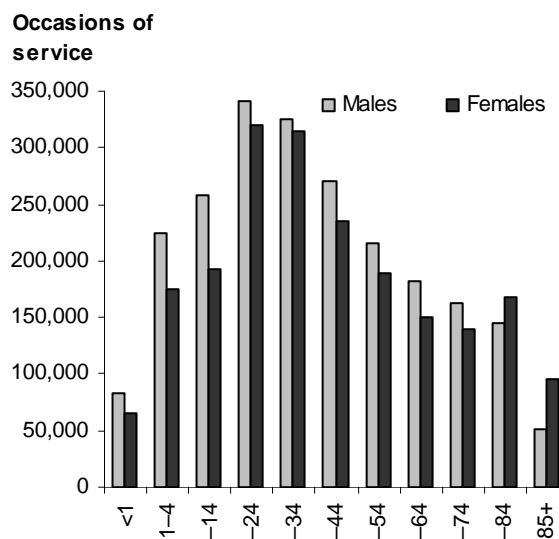


Figure 19: Emergency department occasions of service, by age group and sex, Australia, 2003-04

department occasions of service (660,550, 15.3%) (Figure 19).

Australian hospitals

Overall, the number of hospitals in Australia has increased over time. See *Chapter 2*.

- There were 1,304 hospitals in Australia in 2003-04.
- There were 741 public acute hospitals and 20 public psychiatric hospitals.
- There were 247 private free-standing day hospital facilities and 296 other private hospitals.
- There has been a marked increase in the number of private free-standing day hospital facilities, from 125 in 1994-95 to 247 in 2003-04.
- The number of public psychiatric hospitals decreased from 35 facilities in 1994-95 to 20 facilities in 2003-04.

Available beds

The number of available beds is a better indicator of the availability of hospital services than is the number of hospitals because hospital sizes vary considerably.

However, comparability of hospital bed numbers can be affected by the casemix of hospitals with differing proportions of beds being available for specialised and more general purposes. See *Chapter 2*.

- In 2003–04, there were 79,907 available beds in Australia.
- There were 50,915 available beds in public acute hospitals and 2,413 in public psychiatric hospitals.
- There were an estimated 1,715 available beds in private free-standing day hospital facilities and 24,866 in other private hospitals.
- There was a 2.8% reduction in available beds from 82,205 in 1994–95 to 79,907 in 2003–04, an average decrease of 0.3% annually.
- The number of available beds in public acute hospitals decreased by an average of 0.7% annually, from 54,579 in 1994–95 to 50,915 in 2003–04 (Figure 20).

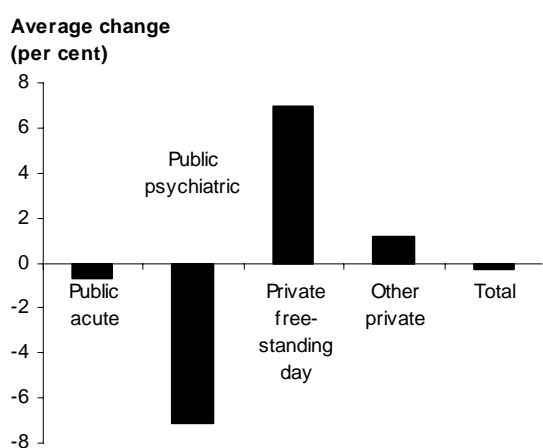


Figure 20: Average annual change in the number of available beds, by type of hospital, Australia, 1994–95 to 2003–04

- The number of available beds/chairs in private free-standing day hospital facilities increased by an average of 6.9% annually between 1994–95 and 2003–04 (from 917 to 1,715).

Staff in Australian public hospitals

Staff numbers in public acute and public psychiatric hospitals have grown over time (Figure 21). See *Chapter 3*.

- The number of full-time equivalent staff increased by an average of 1.5% annually between 1994–95 (179,355) and 2003–04 (205,314). The number of salaried medical officers increased by an average of 4.9% annually over this period (from 13,094 to 20,182) and the number of nurses increased by an annual average of 1.5% (from 79,660 to 90,751).

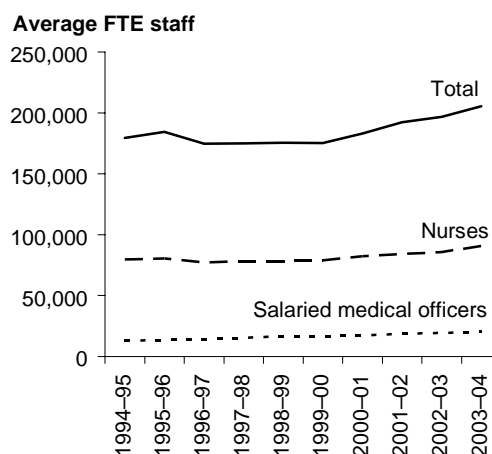


Figure 21: Average full-time equivalent staff, public hospitals, Australia, 1994–95 to 2003–04

Recurrent expenditure on public hospitals

Recurrent expenditure is expenditure on goods and services that are consumed during the year, e.g. salaries. See *Chapter 3*.

- Recurrent expenditure on public acute and public psychiatric hospitals was \$20,013 million in 2003–04.
- The largest share of this expenditure was for salary payments, which accounted for 61.6% (\$12,334 million) of recurrent expenditure (Figure 22).
- The major non-salary recurrent expenses in the public sector were for

medical and surgical supplies, administrative expenses and drug supplies.

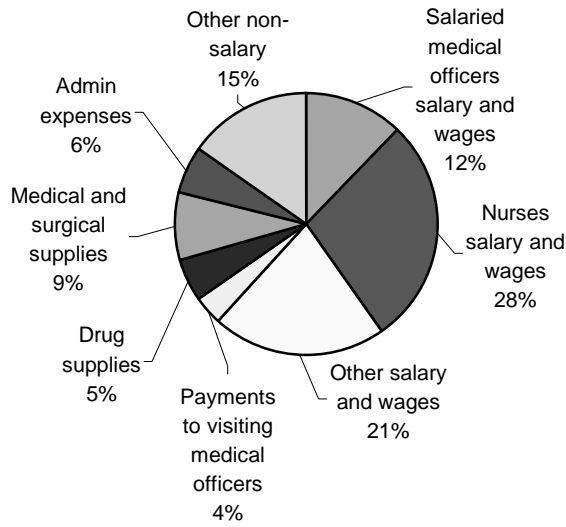


Figure 22: Recurrent expenditure, public hospitals, Australia, 2003-04

Recurrent expenditure (cost) for providing care in public hospitals

The amount of recurrent expenditure for each casemix-adjusted separation is regarded as a measure of efficiency. See Chapter 4.

- The average recurrent cost of providing care per casemix-adjusted separation in public hospitals increased from \$2,701 in 1999-00 to \$3,293 in 2003-04 (not adjusted for inflation).

- This represents a total increase of 21.9% in this period, an average increase of 3.8% annually (Figure 23).
- In 2003-04 the average cost comprised \$1,726 for non-medical labour expenditure, \$626 for medical labour expenditure and \$941 for other recurrent expenditure. Other recurrent expenditure costs include domestic services; repairs and maintenance; administration and medical, drug and food supplies.

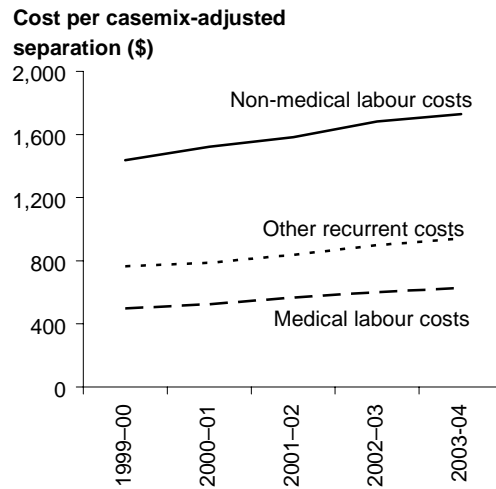


Figure 23: Cost per casemix adjusted separation, Australia, 1999-00 to 2003-04

1 Introduction

Australian Hospital Statistics 2003–04 continues the Australian Institute of Health and Welfare's (AIHW) series of summary reports describing the characteristics and activity of Australia's hospitals. Reports have been published previously for the financial years 1993–94 to 2002–03 (AIHW 1997a, 1997b, 1998, 1999, 2000, 2001a, 2002, 2003, 2004a).

This series of reports has been based on data supplied to the AIHW by the state and territory health authorities. Data are provided for the Institute's

- National Public Hospital Establishments Database, covering resources, expenditure and revenue for public hospitals;
- National Non-admitted Emergency Department Care Database, covering public hospital emergency department care and waiting times;
- National Elective Surgery Waiting Times Data Collection, covering waiting times and other characteristics of elective surgery in public hospitals; and
- National Hospital Morbidity Database, covering the diagnoses and other characteristics of admitted patients, and the care they receive in public and private hospitals.

The collection and reporting of the data in this report were undertaken by the AIHW under the auspices of the Australian Health Ministers' Advisory Council through the National Health Information Agreement. Most of the data collected were as specified in the National Minimum Data Sets for Public Hospital Establishments, Non-admitted Patient Emergency Department Care, Elective Surgery Waiting Times and Admitted Patient Care. The data element definitions are as specified in the *National Health Data Dictionary* version 12 (NHDC 2003) for 2003–04. Some of the terms relating to the use of hospitals are detailed in Box 1.1 and others are outlined in the Glossary.

This report

This chapter briefly describes the major data sources.

Chapter 2 presents an overview of hospitals and hospital activity in Australia. This includes a summary of the numbers of hospitals and beds and of non-admitted patient care. It also includes separation statistics for admitted patients, based on the state or territory of the hospital, and whether it was public or private.

Chapter 3 presents further data on public hospitals. Data are presented on the number and type of hospitals, available beds, staff employed, specialised services, expenditure and revenue.

Chapter 4 presents hospital performance indicator data, drawn from the Institute's hospitals databases and other sources. The indicators have been presented as they relate to the National Health Performance Framework (NHPC 2001).

Chapter 5 presents information on non-admitted patient care provided in public hospital emergency departments.

Chapter 6 presents summary data on elective surgery waiting times for patients admitted to public hospitals.

Box 1.1: Summary of terms and data sources relating to the use of hospitals

Admitted patients

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

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

*For each separation, patients are assigned a **principal diagnosis**, which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care (see Chapter 9). If applicable, **procedures** are also reported (see Chapter 10). These can be surgical or non-surgical, and therapeutic, diagnostic or of a patient-support nature (for example, anaesthesia).*

***Patient day** means the occupancy of a hospital bed (or chair in the case of some same day patients) by an admitted patient for all or part of a day.*

The state and territory health authorities compile information on episodes of admitted patient care in public and private hospitals and supply it to the AIHW for collation into the National Hospital Morbidity Database. Data on waiting times for elective surgery in public hospitals are also provided.

Although hospital separation data are a valuable source of information about hospital care, they have limitations as indicators of ill health. Sick people who are not admitted to hospital are not counted and those who are admitted more than once are counted on each occasion. Hospital separation data are also affected by variations in admission practices, and in the availability of and access to hospitals.

Non-admitted patients

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other specialised services (see Chapters 2 and 5). Summary information on these services is collated nationally for public hospitals by the AIHW and for private hospitals by the ABS.

*An **occasion of service** for a non-admitted patient is defined as any examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment each time the service is provided. National data are based on counts of occasions of service, categorised into broad clinic- or service-based groupings.*

Definitions used for non-admitted patient hospital care are not completely uniform among the states and territories, and have varied over time. Existing national systems for counting and classifying this care are being revised with the aim of improving consistency and comparability. For example, categorisation of occasions of service data using an expanded range of clinic types will begin on 1 July 2005 in selected public hospitals.

More detailed information is collected on occasions of service provided in emergency departments in selected public hospitals and provided for the National Non-admitted Patient Emergency Department Care Database.

Chapter 7 presents administrative data for episodes of admitted patient care in public and private hospitals including patient election status and funding source; area of usual residence; overall type of care received; urgency of admission; and modes of admission and separation.

Chapter 8 presents demographic information on episodes of admitted patient care, including separations and patient days by age group, sex, Indigenous status, country of birth, area of usual residence and quintile of socioeconomic advantage/disadvantage.

Chapters 9 to 12 present a range of information on episodes of admitted patient care, including the principal diagnoses of the patients (Chapter 9), the procedures they underwent (Chapter 10), external causes of injury and poisoning (Chapter 11) and the Australian Refined Diagnosis Related Groups (AR-DRGs) for the hospital separations (Chapter 12).

Appendixes 3 and 4 provide technical notes on the data and analyses additional to those in the chapters. In particular, Appendix 3 includes notes on the presentation of data in the tables and the population estimates used for population rate calculations, and notes on major aspects of the quality and comparability of the hospital morbidity data. Appendix 4 provides information on the hospitals covered by each of the data sources and on the hospitals categorised as public and private.

Information on episodes of admitted patient care is presented using Service Related Groups in Appendix 5. Summary information from the Department of Health and Ageing's 2002–03 National Hospital Cost Data Collection is provided in Appendix 6. This collection is the source of AR-DRG cost weight and average cost information used in Chapters 2, 4, 7 and 12. Appendix 7 relates to the Department of Health and Ageing's *State of Our Public Hospitals* report. It notes the major differences between the source databases and the analysis methods used for that report and for *Australian Hospital Statistics 2003–04*.

Throughout the report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category;
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category;
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category; and
- all private hospitals, other than private free-standing day hospital facilities, are included in the other private hospitals category.

In addition, unless otherwise specified, statistics from the National Hospital Morbidity Database exclude separations for which the care type was reported as *Newborn* and for which no qualified days were reported (see Chapter 7) and records for *Hospital boarders* and *Posthumous organ procurement* (see Appendix 3).

Although the *National Health Data Dictionary* definitions form the basis of the databases, the actual definitions used may have varied among the data providers and over time. In addition, the detail of the scope of the data collections may vary. Comparisons between the states and territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories.

Essentially all public hospitals were included for 2003–04. However, the collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (for example, some hospitals run by correctional authorities in some jurisdictions and those in offshore territories) are not included. Further information about the hospitals included in the database for 2003–04 (including a list of the hospitals) is in Appendix 4.

The collection is based on the National Minimum Data Set for Public Hospital Establishments. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients (Box 1.1). Some data on emergency department waiting times are also included (see below).

Summary information on data quality and comparability is presented in Chapter 3.

The National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals (Box 1.1). Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

All public hospitals were included for 2003–04, with minor exceptions. The great majority of private hospitals were also included, although there were a few not included, mainly free-standing day hospital facilities. Counts of private hospital separations presented in this report are therefore likely to be underestimates of the actual counts. In 2002–03, the National Hospital Morbidity Database reported 47,755 (1.8%) fewer separations than the ABS's Private Health Establishments Collection (ABS 2004a), which may have wider coverage. Further information about the public and private hospitals included for 2003–04 and previous years is in Appendix 4, including lists of all the hospitals contributing to the database for 2003–04.

The data supplied are based on the National Minimum Data Set for Admitted Patient Care and include demographic, administrative and length of stay data, and data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning. Information on the quality of the diagnosis, procedure and external cause data, classified using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002) is included in Appendix 3.

Records for 2003–04 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2003 to 30 June 2004. Data on patients who were admitted on any date before 1 July 2004 are included, provided that they also separated between 1 July 2003 and 30 June 2004. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the database.

Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. As the database contains records for patients separating from hospital during the reporting period (1 July 2003 to 30 June 2004), this means that not all patient days reported will have occurred in that year. It is

expected, however, that patient days for patients who separated in 2003–04, but who were admitted before 1 July 2003, would be counterbalanced overall by the patient days for patients in hospital on 30 June 2004 who will separate in future reporting periods. The numbers of separations and patient days can be a less accurate measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported.

Information on some aspects of the quality and comparability of the data is presented in Appendix 3. The notes above and those in Box 1.1 should also be used to guide interpretation of the data, as should the additional notes presented in chapter 1 of *Australian Hospital Statistics 2002–03* (AIHW 2004a).

The National Non-Admitted Patient Emergency Department Care Database

The National Non-Admitted Patient Emergency Department Care Database includes episode-level data on non-admitted patients treated in the emergency departments of public hospitals that were classified in the public hospital peer groups of *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian Hospital Statistics 2002–03* (AIHW 2004a). Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 73% of emergency department occasions of service overall. More information about the coverage of this data collection (which is more complete for larger hospitals), including a list of hospitals included for 2003–04, is presented in Chapter 5 and Appendix 4.

The data supplied are based on the National Minimum Data Set for Non-admitted Patient Emergency Department Care. They include data on the type and length of emergency department visit, triage category, waiting times, patient demographics, arrival mode and departure status. The data presented in this report are for patients treated between 1 July 2003 and 30 June 2004.

Summary information on the quality and comparability of the data is included in Chapter 5. Hospital-level data on emergency department occasions of service and waiting times are also provided by some states for the National Public Hospital Establishments Database. These data have wider coverage than data provided for the National Non-Admitted Patient Emergency Department Care Database, as detailed in Chapter 5 and Appendix 4.

The National Elective Surgery Waiting Times Data Collection

The state and territory health authorities have largely provided episode-level data on elective surgery waiting times to the Institute's National Elective Surgery Waiting Times Data Collection. The data presented in this report are for patients admitted for their elective surgery between 1 July 2003 and 30 June 2004.

The National Elective Surgery Waiting Times Data Collection relates to public acute care hospitals. All public hospitals that undertake elective surgery were generally included. More

detail on the coverage of this collection, including a list of hospitals in the data collection for 2003–04, is included in Appendix 4.

Summary information on the quality and comparability of the data is included in Chapter 6.

This report and additional data on the Internet

This report is available on the Internet at <http://www.aihw.gov.au/>. The text of the report is presented in PDF format and the tables as downloadable Excel spreadsheets. This site also includes additional data, in Excel spreadsheets, on diagnoses, procedures and AR-DRGs for admitted patients, and the data used to generate graphs in this report. Some of the report's tables are presented with more detail, such as using 5-year age groups rather than 10-year age groups (see Chapter 8). More information on the Internet tables is in Chapters 8, 9, 10 and 12 and in Appendixes 1, 3 and 4.

After this report is published, the Internet site will also include updates for the tables in Chapters 2, 4, 7 and 12 that use AR-DRG cost weight and average cost information. At the time of publication, 2003–04 cost weights and average costs were not available, so 2002–03 data were used in this report instead. Updates will also be provided for the tables in Chapters 2 and 4 and in Appendix 4, which use data on private hospitals, collated in the ABS's Private Health Establishments Collection. These data were also not available at the time of publication of this report.

Interactive data cubes

Also included on the site are interactive cubes of data from the National Hospital Morbidity Database which allow users to specify tables and graphs as required:

- Principal diagnoses for 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)
- Principal diagnoses for 1998–99 to 2003–04 (using ICD-10-AM to classify diagnoses)
- Principal diagnoses for separations that include specialised psychiatric care for 1998–99 to 2002–03 (using ICD-10-AM to classify diagnoses), to be updated to include 2003–04 data later in 2005
- AR-DRGs version 4.0/4.1/4.2 for 1997–98 to 2002–03
- AR-DRGs version 5.0 for 1998–99 to 2002–03
- Procedures for 2000–01 and 2001–02 (using ICD-10-AM 2nd edition to classify procedures)
- Procedures for 2002–03 and 2003–04 (using ICD-10-AM 3rd edition to classify procedures).

Each principal diagnosis and AR-DRG cube includes information on the number of separations (same day and overnight), patient days and average length of stay, by age group and sex and year of separation, for each diagnosis or AR-DRG. The cube on specialised psychiatric care also includes data on the mental health legal status of the patient for each separation. The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether undertaken on a same day basis.

2 Overview of Australian hospitals

Introduction

This chapter describes the public and private hospital sectors in terms of the number of hospitals and the availability of hospital beds. Summary statistics for admitted and non-admitted patients are also presented for each sector. Information is included on the number of separations for patients and their aggregated and average length of stay, presented on the basis of the sector of the hospital and the type of hospital within the sector. Chapters 7 to 12 present information on the basis of characteristics of admitted patients and their hospital stays.

The summary information on public hospitals is derived from the National Public Hospital Establishments Database. Information on private hospitals has been provided by the states and territories for 2003–04 and is preliminary. The final data will be included in the Institute's website when they become available from the ABS's Private Health Establishments Collection. Summary statistics for private and public hospitals are presented at a national level for the years 1999–00 to 2003–04 and for states and territories for 2003–04.

Summary separation, patient day, average length of stay and average cost weight information is derived from the National Hospital Morbidity Database for public and private hospitals. National statistics for the years 1999–00 to 2003–04 and state and territory statistics for 2003–04 are presented.

The hospital sectors and types reported in this chapter are public acute hospitals, public psychiatric hospitals, private free-standing day hospital facilities and other private hospitals. Data are also presented for all public hospitals combined, all acute hospitals (that is, excluding public psychiatric hospitals), all private hospitals and all hospitals. For reasons of confidentiality, the patient-level data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed. Also, private free-standing day hospital facilities were not separately identified for Tasmania. Therefore, totals for Australia for private free-standing day hospital facilities and other private hospitals do not include Tasmania. Further information on the hospitals included is provided in Appendix 4.

There is some variation between jurisdictions in how hospitals that predominantly provide public hospital services and that are privately owned and/or operated are reported. Most of these are reported as public hospitals and some are reported as private hospitals, as detailed in Appendix 4. This year, Hawkesbury Base and Port Macquarie hospitals in New South Wales were reported as public hospitals. They had been reported as private hospitals in previous years.

Also detailed in Appendix 4, there is some variation in the scope of the National Hospital Morbidity Database among the states and territories. There is also some variation in the way in which separations with *Newborn* care were reported and in the inclusion of periods of hospital in the home care, as described in Chapter 7 and Appendix 3. These variations should be considered when comparing states and territories, the public and private sectors, and reporting years.

Data on occasions of service for non-admitted patients in public hospitals, derived from the National Public Hospital Establishments Database, are also presented, as are similar data for private hospitals, provided from the ABS's Private Health Establishments Collection.

Hospitals and hospital beds

A range of data on hospitals, available beds, expenditure and revenue are presented in Table 2.1 for the period 1999-00 to 2003-04. Over the 4-year period, a number of jurisdictions changed from accounting on a cash basis to accrual accounting, and a number of other changes to reporting arrangements occurred so comparisons across years must be made with care.

There were 761 public hospitals and 543 private hospitals in 2003-04, compared with 748 public hospitals and 549 private hospitals in 2002-03 (Table 2.1). Changes in the numbers of hospitals can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings (see Appendix 4). For example, New South Wales made a number of changes to reporting arrangements between 2002-03 and 2003-04 such that there was an increase in reporting units although there was no change in the number of actual facilities.

Change in the number of available beds may be a more reliable indicator of shifts in the availability of hospital services than change in numbers of hospitals. However, the concept of an available bed is also becoming less important, particularly in the light of increasing same day hospitalisations, and the provision of hospital in the home care. The comparability of bed numbers can also be affected by the casemix of hospitals with, for example, different proportions of beds available for special and more general purposes. Public hospitals provided 53,327 beds (66.7% of the national total) in 2003-04, compared with 26,580 beds provided in private hospitals (33.3% of the national total).

Public sector bed numbers are the average number of beds available through the course of the year. Private sector data for 2003-04 were collated on a different basis from earlier years. Data for 1999-00 to 2002-03 are from the ABS's *Private Hospitals Australia 2002-03* (ABS 2004a) publication and from earlier editions of *Private Hospitals Australia*, which report numbers of beds on an average available beds basis. Data for 2003-04 were provided by the states and territories. Victorian private hospital beds were reported on an available bed basis. All other private hospital beds were reported on a licensed bed basis, which may overstate the number of beds available. These differences in reporting arrangements may make cross-year comparisons less valid.

Nationally, bed numbers in the public sector experienced a decrease from 52,947 in 1999-00 to 51,461 in 2001-02, and then increased to 53,327 in 2003-04. Over the same period, the private sector grew from 25,246 beds in 1999-00 to 27,407 in 2001-02 and fell to 26,580 in 2003-04.

Recurrent expenditure in 2003-04 was \$20.0 billion in current price terms. In current price terms (that is, not adjusted for inflation), recurrent expenditure increased by 9.3% from 2002-03 to 2003-04 for public hospitals. In constant price terms (that is, adjusted for inflation) (referenced to 2001-02), national expenditure was \$19.3 billion in 2003-04, and represented a real increase in expenditure of 5.4% over 2002-03. Total revenue for public hospitals increased by an average of 4.0% per year in constant price terms between 1999-00 and 2003-04.

Information on the number of hospitals and hospital beds available by state and territory is provided in Table 2.2 for both public and private hospitals. The number of available beds in hospitals ranged from 3.7 per 1,000 population in Victoria to 4.7 per 1,000 population in South Australia.

Admitted patients by sector and hospital type

Separations

There were 6,841,192 separations reported from public and private acute and psychiatric hospitals in 2003–04 (Table 2.4), an increase of 195,881 (2.9%) compared with 2002–03 (Table 2.3). Public hospital separations increased by 2.7% (112,526) compared with 2002–03 and there was a 3.4% (86,355) increase in separations reported for the private sector.

The increases in separations should be interpreted in the light of coverage changes (see Appendix 4). In the public sector, for Victoria, one hospital that was not included in 2002–03 was included in 2003–04, and one hospital included in 2002–03 was not included in 2003–04, resulting in approximately 3,000 extra separations in 2003–04. While there was no change in coverage for New South Wales, two hospitals were reported as public hospitals for 2003–04 and as private hospitals for 2002–03 (see Appendix 4). For the public sector, after adjusting for these changes (by adding the approximately 3,000 separations for the changing hospital, coverage in Victoria to the 2002–03 data and subtracting the 2003–04 separations for the two New South Wales hospitals from the 2003–04 data) the growth between 2002–03 and 2003–04 was 2.1%.

In the private sector, a small number of hospitals were missing data for short periods in 2002–03 and 2003–04 in Victoria and South Australia, however, coverage was essentially complete for both years for both states. There was no change in the coverage of private hospitals for Australian Capital Territory, the Northern Territory, Tasmania and Western Australia. The only change for New South Wales was due to the change of two hospitals from being reported as private to public.

By adjusting for the change in classification of the two New South Wales hospitals (by adding the 2003–04 separations to the private sector 2003–04 separations) and adjusting for coverage changes in Victoria, the apparent growth between 2002–03 and 2003–04 was 4.0% for all private hospitals. The total estimated growth for all hospitals was 2.8% after adjusting for changes in coverage (as above).

Information on the 30 AR-DRGs with the largest changes in the number of separations in either the public or private sector (or both) between 1999–00 and 2003–04 is presented in Table 12.5.

The private sector accounted for 38.6% of the 6.84 million separations in 2003–04 (2,640,697), compared with 38.4% (2,554,342) in 2002–03. (If the two New South Wales hospitals had not been recategorised the proportion in 2003–04 would have been 38.9%.) Private free-standing day hospital facilities, excluding Tasmania, accounted for 486,386 or 18.4% of private sector separations in 2003–04, compared with 455,094 or 17.8% in 2002–03.

Same day and overnight separations

The proportion of admitted patients being treated on a same day basis, that is, admitted and separated on the same date, continued to increase in the year 2003–04 (Table 2.3). Same day separations have been distinguished from other separations in this report to illustrate the proportions of total separations which they represent, and also to demonstrate the effect on average lengths of stay when patients receiving this type of hospital care are classified as admitted. In most countries of the Organisation for Economic Co-operation and Development (OECD), same day patients are not counted as admitted patients, and therefore the reported average lengths of stay in OECD publication are greater than those calculated in this publication (OECD 2004).

In 2003–04, 3,711,467 separations were on a same day basis, an increase of 4.0%, compared with 2002–03 (Table 2.3). There was an increase of 2.8% in public hospitals and 5.5% in private hospitals. After adjusting for coverage change (which may not have been the same for same day and overnight separations) and the recategorisation of the two New South Wales hospitals, increases were 1.7% in the public sector and 5.3% in the private sector. Same day separations comprised 54.3% of separations overall, compared with 53.7% (3,568,902) in 2002–03, and there were increases in the proportions of same day patients in both public hospitals (from 48.9% to 49.0%) and private hospitals (from 61.5% to 62.6%).

There was some variation among the states and territories in the proportion of same day separations in 2003–04 (Table 2.4). For public hospitals, New South Wales (42.6%) and Queensland (48.7) each had a lower proportion than the national average (49.0%), whereas the Northern Territory (58.2%), the Australian Capital Territory (56.5%) and Victoria (54.9%) had markedly higher proportions. In the private sector, Queensland (64.0%), New South Wales (64.9%) and Victoria (63.2%) reported higher proportions than average (62.6%).

There was a 1.7% increase in overnight separations between 2002–03 and 2003–04, from 3,076,409 to 3,129,725. There was an increase of 2.5% in public hospitals (from 2,090,732 to 2,143,331), and a 0.1% increase in the private sector (from 985,677 to 986,394). After adjusting for coverage change (which may not have been the same for same day and overnight separations) and the recategorisation of the two New South Wales hospitals, changes were a 2.0% increase in the public sector and a 0.1% decrease in the private sector. Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z *Sleep apnoea*).

Separation rates

Unadjusted for coverage change, the age-standardised separation rate per 1,000 population increased by 1.0% between 2002–03 and 2003–04 for public acute hospitals (Table 2.3) and by 1.4% for private hospitals.

Among the states and territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2003–04 (428.9 per 1,000 population; Table 2.4). Private hospital separation rates ranged from 103.0 per 1,000 population in New South Wales to 167.8 per 1,000 population in Queensland. These rates relate to resident populations, and therefore do not take into account interstate and overseas patient flows.

These rates are likely to have been affected by whether or not separate episodes of care (see Glossary) within a hospital stay were counted as individual separations, the way in which hospital stays for patients aged 9 days or less on admission (*Newborn episodes*), and the

reporting of hospital in the home care (see Chapter 7 and Appendix 3 for details). Changes over time and differences between sectors and jurisdictions can also be affected by variation in admission practices. For example, in New South Wales public hospitals, there has been a gradual reclassification over recent years of chemotherapy patients from admitted patients to non-admitted patients (outpatients).

The age-standardised separation rate for public psychiatric hospitals varied widely, from 0.1 per 1,000 population in Victoria and Queensland, to 1.8 per 1,000 population in New South Wales. This variation reflects differences in the extent to which public psychiatric services have been provided in public acute hospitals and non-hospital facilities (AIHW 2005).

Average cost weight of separations

Average cost weights are presented for 2003–04 in Table 2.4, based on the version 4.2 AR-DRG (DHAC 2000) into which each separation was classified on the basis of demographic and clinical characteristics of the patient. Separations were only included where the care type was reported as *Acute*, or was not reported, or where the care type was *Newborn* and the separation had at least one qualified day. Thus separations for *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

The 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. Cost weights for 2002–03 (AR-DRG version 4.2) were used (DoHA 2004), as 2003–04 cost weights were not available at the time of publication of this report. In one part of Table 2.3 and Table 2.4, public sector cost weights were used for both public and private hospitals to enable comparison between the sectors on the same basis, as the public and private sector cost weights are not comparable. Data are also presented for private hospitals using private sector cost weights. Further information about the AR-DRG classification and cost weights is included in Chapter 12.

Table 2.4 indicates that, within the public sector, most states and territories had average cost weights fairly close to the national average (1.00) for public acute hospitals. The Northern Territory was a notable exception, with an average cost weight of 0.75. This reflects the high proportion of public hospital separations in the Northern Territory that were for *Admit for renal dialysis* (AR-DRG L61Z), an AR-DRG with a relatively low cost weight.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed, and are therefore included in the public acute hospital data. Cost weights are of less use as a measure of resource requirements for these services because the relevant AR-DRGs are less homogeneous than for other acute services.

In Table 2.4, the average public cost weight for private free-standing day hospital facilities in 2003–04 was markedly lower (0.52) than for other private hospitals (1.02), reflecting the lesser complexity and day-only nature of most admissions in these hospitals in 2003–04. The average cost weights for the other private hospitals ranged from 0.95 in Western Australia to 1.10 in South Australia. Nationally, the average cost weight for private hospitals using private sector cost weights was 0.85.

Patient days

Patient days represent the number of full or partial day stays for patients who separated from hospital during the reporting period, and represent the aggregated length of stay for all patients (see Glossary). A total of 23,583,213 patient days was reported for 2003–04, 70% in the public sector and 30% in the private sector (Table 2.4).

There was an increase of 1.5% (235,559) in patient days for public acute hospitals in 2003–04, compared with 2002–03 (Table 2.3). For private hospitals, patient days increased by 0.7% (49,284), unadjusted for coverage change. Patient days for public acute and private hospitals combined (unadjusted for coverage change) increased by 1.3% (284,483), and for all hospitals combined they increased by 0.2% (42,416). Adjusting for coverage change (as detailed above), there was an increase of 1.0% for public acute hospitals and 1.7% for private hospitals.

Patient days in public psychiatric hospitals decreased from 919,139 in 2002–03 to 676,712 in 2003–04 (26.4%) (Table 2.4). As separations from public psychiatric hospitals can include some very long stay patients, and the pattern of these separations can vary over time, patient day counts can also fluctuate markedly for these hospitals.

Unadjusted for coverage change, the number of age-standardised patient days per 1,000 population for public acute and private hospitals combined decreased by 0.8% between 2002–03 and 2003–04 (Table 2.3). Public acute hospital patient days per 1,000 population decreased by 0.4%, unadjusted for coverage change, and private hospital patient days per 1,000 population decreased by 1.6%.

The Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2003–04 (1,363.1 per 1,000 population; Table 2.4). The highest age-standardised population rate for patient days in private hospitals was reported by Queensland (467.9 per 1,000 population).

Average length of stay

The average length of stay for public acute and private hospitals combined decreased by 1.6% between 2002–03 and 2003–04 (Table 2.3). For private hospitals, the average length of stay was 2.6 days in 2003–04. The average length of stay for public psychiatric hospitals decreased from 55.1 days in 2002–03 to 39.6 days in 2003–04, reflecting the decreased patient days reported for these hospitals, as described above.

With same day separations excluded (as is the practice in most OECD countries), average lengths of stay in all hospitals combined decreased by 2.2% from 6.5 in 2002–03 to 6.3 days in 2003–04 (Table 2.3). For public psychiatric hospitals, the average length of stay decreased from 66.2 days in 2002–03 to 48.3 in 2003–04. The average lengths of stay are within the range of those reported for 1999 and 2000 average lengths of stay for acute care for other OECD countries (OECD 2004).

Relative stay index

Relative stay index (RSI) information is presented for the period 1999–00 to 2003–04 in Table 2.3. The RSI is calculated as the actual number of patient days for separations in selected AR-DRGs (version 4.2) divided by the expected number of patient days (based on national figures for the 5 years combined) and standardised for casemix. An RSI greater than

1 indicates that an average patient's length of stay is higher than would be expected given the casemix of the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected. More details on the methods to calculate the RSIs are in Chapter 4 and Appendix 3.

In public hospitals, the directly standardised RSI in 2003–04 (0.96) was 1.4% lower than in 2002–03. Directly standardised RSIs were higher in private hospitals than in public hospitals for all years. For all hospitals, the RSI decreased from 1.03 in 1999–00 to 0.97 in 2003–04. This corresponds to an average annual decrease over the period of 1.1% for both public and private hospitals.

Non-admitted patients

Information on non-admitted patient occasions of service and group sessions provided by public acute and psychiatric hospitals for 2003–04 is provided in Table 2.5 by state and territory. Similar information from the ABS's Private Health Establishments Collection is presented for private hospitals for 2002–03 in Table 2.6. Data for private hospitals for 2003–04 were not available at the time of publication of this report.

The most common non-admitted patient occasions of service delivered to individuals through public acute hospitals in 2003–04 (Table 2.5) was *Other medical/surgical/obstetric*, followed by *Pathology* and *Accident and emergency services*. *Allied health* and *Community health* were also frequently provided services. These categories include services such as physiotherapy, speech therapy, dietary advice, baby clinics, aged care assessment teams and immunisation clinics.

In addition to the services provided to individuals, group sessions were delivered through public acute hospitals. These services include group activities conducted in the same categories against which individual non-admitted patient services are recorded.

Users of these data should note that there is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service data are collected. Differing admission practices between the states and territories will also lead to variation among jurisdictions in the services reported in Table 2.5. States and territories may also differ in the extent to which these types of services are provided in non-hospital settings (such as community health centres), which are beyond the scope of this data collection.

There were differences in the scope of the data reported here for *Accident and emergency* and for other data on emergency department occasions of service reported in Chapter 5. The differences are discussed in Chapter 5.

Data on the number of non-admitted patient occasions of service provided through public psychiatric hospitals are also presented for New South Wales, Victoria, Queensland and Western Australia, the states or territories for which these data were supplied (Table 2.5). These services include emergency and outpatient care and outreach/community care provided to individuals or groups.

In 2002–03, private hospitals reported about 1,919,400 non-admitted patient occasions of service to the ABS's Private Health Establishments Collection, ranging from 57,800 for South Australia to 821,600 for Victoria. Nationally, there were about 481,000 non-admitted patient occasions of service reported for *Accident and emergency* in private hospitals (Table 2.6).

Table 2.1: Summary of hospitals, Australia, 1999–00 to 2003–04

	1999–00	2000–01	2001–02	2002–03	2003–04	% change ^(a)	
						Ave since 1999–00	Latest 2 years
Hospitals^(b)							
Public hospitals	748	749	746	748	761	0.4	1.7
Public acute hospitals	726	726	724	729	741	0.5	1.6
Public psychiatric hospitals	22	23	22	19	20	-2.4	5.3
Private hospitals	509	516	560	549	543	1.6	-1.1
Private free-standing day hospital facilities	207	217	246	248	247	4.5	-0.4
Other private hospitals	302	299	314	301	296	-0.5	-1.7
Public acute and private hospitals	1,235	1,242	1,284	1,278	1,284	1.0	0.5
<i>Total</i>	1,257	1,265	1,306	1,297	1,304	0.9	0.5
Available or licensed beds^(c)							
Public hospitals	52,947	52,410	51,461	52,200	53,327	0.2	2.2
Public acute hospitals	50,188	49,932	49,004	49,841	50,915	0.4	2.2
Public psychiatric hospitals	2,759	2,478	2,457	2,358	2,413	-3.3	2.3
Private hospitals	25,246	26,153	27,407	26,364	26,580	1.3	0.8
Private free-standing day hospital facilities	1,581	1,688	1,851	1,910	1,715	2.0	-10.2
Other private hospitals	23,665	24,465	25,556	24,454	24,866	1.2	1.7
Public acute and private hospitals	75,434	76,085	76,411	76,205	77,495	0.7	1.7
<i>Total</i>	78,193	78,563	78,868	78,564	79,907	0.5	1.7
Beds per 1,000 population							
Public hospitals	2.78	2.72	2.64	2.64	2.67	-1.0	0.9
Public acute hospitals	2.64	2.59	2.51	2.52	2.55	-0.9	0.9
Public psychiatric hospitals	0.14	0.13	0.13	0.12	0.12	-4.5	1.1
Private hospitals	1.33	1.36	1.40	1.33	1.33	0.1	-0.4
Private free-standing day hospital facilities	0.08	0.09	0.09	0.10	0.09	0.8	-11.3
Other private hospitals	1.24	1.27	1.31	1.24	1.24	0.0	0.4
Public acute and private hospitals	3.96	3.95	3.91	3.86	3.88	-0.6	0.5
<i>Total</i>	4.11	4.08	4.04	3.98	4.00	-0.7	0.5
Non-admitted occasions of service^(d) ('000)							
Public acute hospitals	34,759	40,099	39,523	40,706	43,622	5.8	7.2
Other private hospitals	1,820	1,814	1,748	1,919	n.a.	1.3	9.8
<i>Total</i>	36,578	41,787	41,271	42,625	n.a.	3.9	3.3
Total recurrent expenditure, constant prices^(e) (\$ million)							
Public hospitals	16,167	16,608	17,441	18,316	19,299	4.5	5.4
Public acute hospitals	15,699	16,163	17,002	17,882	18,838	4.7	5.3
Public psychiatric hospitals	468	445	438	434	461	-0.4	6.2
Private hospitals	4,367	4,773	5,171	5,401	n.a.	7.3	4.4
Private free-standing day hospital facilities	180	196	227	254	n.a.	12.3	12.0
Other private hospitals	4,188	4,577	4,945	5,147	n.a.	7.1	4.1
<i>Total</i>	20,534	21,381	22,612	23,718	n.a.	4.9	4.9
Total recurrent expenditure, current prices^(f) (\$ million)							
Public hospitals	14,647	15,545	16,848	18,316	20,013	8.1	9.3
Public acute hospitals	14,224	15,128	16,424	17,882	19,535	8.3	9.2
Public psychiatric hospitals	424	417	423	434	478	3.0	10.1
Private hospitals	3,957	4,467	4,996	5,401	n.a.	10.9	8.1
Private free-standing day hospital facilities	163	183	219	254	n.a.	16.0	15.9
Other private hospitals	3,794	4,284	4,777	5,147	n.a.	10.7	7.8
<i>Total</i>	18,604	20,012	21,843	23,718	n.a.	8.4	8.6
Total revenue, constant prices^(e) (\$ million)							
Public hospitals	1,350	1,471	1,585	1,503	1,581	4.0	5.2
Public acute hospitals	1,329	1,447	1,565	1,484	1,559	4.1	5.1
Public psychiatric hospitals	22	23	20	19	22	0.5	14.8
Private hospitals	4,640	5,066	5,516	5,758	n.a.	7.5	4.4
Private free-standing day hospital facilities	211	240	271	301	n.a.	12.5	11.0
Other private hospitals	4,428	4,826	5,244	5,456	n.a.	7.2	4.0
<i>Total</i>	5,990	6,537	7,101	7,261	n.a.	6.6	2.3
Total revenue, current prices^(f) (\$ million)							
Public hospitals	1,223	1,377	1,532	1,503	1,640	7.6	9.1
Public acute hospitals	1,204	1,355	1,512	1,484	1,617	7.7	9.0
Public psychiatric hospitals	20	22	19	19	23	4.0	19.0
Private hospitals	4,204	4,742	5,328	5,758	n.a.	11.1	8.1
Private free-standing day hospital facilities	192	224	262	301	n.a.	16.3	14.9
Other private hospitals	4,012	4,518	5,066	5,456	n.a.	10.8	7.7
<i>Total</i>	5,427	6,118	6,860	7,261	n.a.	10.2	5.9

(a) The average since 1999–00 is the average annual change between 1999–00 and the latest available year of data. The latest 2-year change is the change between the two latest available years of data. Some changes between the latest two years are due to changes in categorisation of two hospitals in New South Wales from the private to the public sector.

(b) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. For example, in 2003–04 New South Wales increased the number of reporting public hospital units without changing the number of actual facilities. See Appendix 4 for more details.

(c) For 2003–04 public, Victorian private and Northern Territory private hospital beds reported on an available bed basis and all other private hospital beds reported on a licensed beds basis. The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted patient services and other specialised services.

(d) Excludes public psychiatric hospitals. Reporting arrangements have varied significantly across years.

(e) Constant price values referenced to 2001–02. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year.

(f) Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts.

Source: For 2002–03 and earlier years, private hospital data are sourced from ABS 2004 and earlier editions of *Private Hospitals Australia* (ABS cat. no 4390.0). For 2003–04, private hospital data are preliminary, sourced from the states and territories.

Table 2.2: Number of hospitals^(a) and available or licensed beds, by hospital sector and type, states and territories, 2003–04

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Public acute hospitals	221	143	174	92	79	24	3	5	741
Public psychiatric hospitals	10	1	4	1	1	3	0	0	20
<i>Total public hospitals</i>	<i>231</i>	<i>144</i>	<i>178</i>	<i>93</i>	<i>80</i>	<i>27</i>	<i>3</i>	<i>5</i>	<i>761</i>
Private free-standing day hospital facilities	93	58	50	14	25	2	4	1	247
Other private hospitals ^(c)	84	84	54	27	34	9	3	1	296
<i>Total private hospitals</i>	<i>177</i>	<i>142</i>	<i>104</i>	<i>41</i>	<i>59</i>	<i>11</i>	<i>7</i>	<i>2</i>	<i>543</i>
Total hospitals	408	286	282	134	139	38	10	7	1,304
Available or licensed beds^(d)									
Public acute hospitals	18,171	11,835	9,312	4,752	4,513	1,080	683	569	50,915
Public psychiatric hospitals	1,237	115	476	203	313	69	..	..	2,413
<i>Total beds available in public hospitals</i>	<i>19,408</i>	<i>11,950</i>	<i>9,788</i>	<i>4,955</i>	<i>4,826</i>	<i>1,149</i>	<i>683</i>	<i>569</i>	<i>53,327</i>
Private free-standing day hospital facilities	787	419	281	89	112	9	18	n.a.	1,715
Other private hospitals ^(c)	5,810	6,014	5,980	3,236	2,282	1,089	361	94	24,866
<i>Total beds available in private hospitals</i>	<i>6,597</i>	<i>6,432</i>	<i>6,261</i>	<i>3,325</i>	<i>2,394</i>	<i>1,098</i>	<i>379</i>	<i>94</i>	<i>26,580</i>
Total available beds	26,005	18,382	16,049	8,280	7,220	2,247	1,062	663	79,907
Available or licensed beds per 1,000 population									
Public acute hospitals	2.7	2.4	2.4	2.4	2.9	2.2	2.1	2.9	2.5
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.2	0.1	..	..	0.1
<i>Total beds available in public hospitals</i>	<i>2.9</i>	<i>2.4</i>	<i>2.5</i>	<i>2.5</i>	<i>3.2</i>	<i>2.4</i>	<i>2.1</i>	<i>2.9</i>	<i>2.7</i>
Private free-standing day hospital facilities	0.1	0.1	0.1	0.0	0.1	0.0	0.1	n.a.	0.1
Other private hospitals ^(c)	0.9	1.2	1.6	1.6	1.5	2.3	1.1	0.5	1.2
<i>Total beds in private hospitals</i>	<i>1.0</i>	<i>1.3</i>	<i>1.6</i>	<i>1.7</i>	<i>1.6</i>	<i>2.3</i>	<i>1.2</i>	<i>0.5</i>	<i>1.3</i>
Total beds per 1,000 population	3.9	3.7	4.2	4.2	4.7	4.7	3.3	3.3	4.0

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. For example, in 2003–04 New South Wales increased the number of reporting public hospital units without changing the number of actual facilities. See Appendix 4 for more details.

(b) The count of public hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

(c) Includes private acute and private psychiatric hospitals.

(d) For 2003–04 public, Victorian private and Northern Territory private hospital beds reported on an available bed basis and all other private hospital beds reported on a licensed beds basis. The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted patient services and other specialised services.

n.a. Not available

.. Not applicable.

Note: Private hospital data are preliminary, sourced from the states and territories.

Table 2.3: Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 1999–00 to 2003–04^(b)

	1999–00	2000–01	2001–02	2002–03	2003–04	% change ^(c)	
						Ave since 1999–00	Since 2002–03
Separations ('000)							
Public hospitals	3,873	3,882	3,966	4,091	4,200	2.1	2.7
Public acute hospitals	3,855	3,864	3,949	4,074	4,183	2.1	2.7
Public psychiatric hospitals	18	18	17	17	17	-1.2	2.6
Private hospitals ^{(d)(e)}	2,026	2,272	2,433	2,554	2,641	6.8	3.4
Private free-standing day hospital facilities ^(e)	280	333	377	455	486	14.8	6.9
Other private hospitals ^(e)	1,746	1,939	1,985	2,031	2,086	4.6	2.7
Public acute & private hospitals ^(f)	5,881	6,136	6,382	6,629	6,824	3.8	2.9
Total	5,899	6,154	6,398	6,645	6,841	3.8	2.9
Overnight separations ('000)							
Public hospitals	2,106	2,086	2,076	2,091	2,143	0.4	2.5
Public acute hospitals	2,091	2,071	2,062	2,077	2,129	0.5	2.5
Public psychiatric hospitals	16	15	14	14	14	-2.7	0.7
Private hospitals ^{(d)(e)}	889	943	973	986	986	2.6	0.1
Private free-standing day hospital facilities ^(e)	2	3	4	4	3	7.0	-21.7
Other private hospitals ^(e)	886	940	937	951	953	1.8	0.3
Public acute & private hospitals ^(f)	2,979	3,014	3,035	3,063	3,116	1.1	1.7
Total	2,995	3,029	3,049	3,076	3,130	1.1	1.7
Same day separations ('000)							
Public hospitals	1,767	1,796	1,889	2,000	2,057	3.9	2.8
Public acute hospitals	1,764	1,793	1,887	1,997	2,054	3.9	2.8
Public psychiatric hospitals	2	3	3	3	3	7.4	11.6
Private hospitals ^{(d)(e)}	1,137	1,329	1,460	1,569	1,654	9.8	5.5
Private free-standing day hospital facilities ^(e)	278	330	373	451	483	14.8	7.1
Other private hospitals ^(e)	860	1,000	1,049	1,081	1,133	7.1	4.8
Public acute & private hospitals ^(f)	2,902	3,122	3,346	3,566	3,708	6.3	4.0
Total	2,904	3,125	3,349	3,569	3,711	6.3	4.0
Same day separations as a % of total							
Public hospitals	45.6	46.3	47.6	48.9	49.0	1.8	0.2
Public acute hospitals	45.8	46.4	47.8	49.0	49.1	1.8	0.2
Public psychiatric hospitals	13.3	17.7	15.7	17.0	18.5	8.7	8.8
Private hospitals ^{(d)(e)}	56.1	58.5	60.0	61.4	62.6	2.8	2.0
Private free-standing day hospital facilities ^(e)	99.2	99.2	99.0	99.1	99.4	0.1	0.2
Other private hospitals ^(e)	49.2	51.5	52.8	53.2	54.3	2.5	2.1
Public acute & private hospitals ^(f)	49.3	50.9	52.4	53.8	54.3	2.4	1.0
Total	49.2	50.8	52.3	53.7	54.3	2.5	1.0
Separations per 1,000 population							
Public hospitals	204.6	201.8	202.6	205.7	207.7	0.4	1.0
Public acute hospitals	203.7	200.9	201.8	204.8	206.8	0.4	1.0
Public psychiatric hospitals	0.9	0.9	0.9	0.8	0.9	-2.1	1.9
Private hospitals ^{(d)(e)}	108.4	119.8	125.1	129.0	130.9	4.8	1.4
Private free-standing day hospital facilities ^(e)	15.1	18.1	20.2	23.9	25.1	13.5	4.8
Other private hospitals ^(e)	93.5	98.9	104.7	105.1	105.8	3.1	0.6
Public acute & private hospitals ^(f)	311.3	319.3	326.9	333.9	337.7	2.1	1.1
Total	312.3	320.2	327.7	333.5	337.2	1.9	1.1

(continued)

Table 2.3 (continued): Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 1999–00 to 2003–04^(b)

	1999–00	2000–01	2001–02	2002–03	2003–04	% change ^(c)	
						Ave since 1999–00	Since 2002–03
Average public cost weight of separations^(g)							
Public hospitals	1.04	1.02	1.00	1.00	1.00	–0.8	0.5
Public acute hospitals	1.03	1.01	1.00	1.00	1.00	–0.8	0.6
Public psychiatric hospitals	1.96	1.78	1.87	1.88	1.79	–2.2	–4.5
Private hospitals ^{(d)(e)}	0.97	0.94	0.94	0.93	0.93	–1.1	–0.5
Private free-standing day hospital facilities ^(e)	0.54	0.52	0.53	0.52	0.52	–1.0	–0.7
Other private hospitals ^(e)	1.04	1.02	1.02	1.02	1.02	–0.4	–0.0
Public acute & private hospitals ^(f)	1.01	0.99	0.98	0.97	0.97	–1.0	0.2
Total	1.01	0.99	0.98	0.97	0.97	–1.0	0.1
Average private cost weight of separations^(h)							
Private hospitals ^{(d)(e)}	0.89	0.86	0.86	0.86	0.85	–1.0	–0.2
Private free-standing day hospital facilities ^(e)	0.39	0.37	0.38	0.37	0.37	–0.8	–0.0
Other private hospitals ^(e)	0.97	0.95	0.96	0.97	0.97	–0.1	0.3
Patient days ('000)							
Public hospitals	16,243	15,726	16,237	16,425	16,418	0.3	–0.0
Public acute hospitals	15,087	15,010	15,223	15,506	15,742	1.1	1.5
Public psychiatric hospitals	1,156	716	1,015	919	677	–12.5	–26.4
Private hospitals ^{(d)(e)}	6,361	6,743	6,964	7,115	7,165	3.0	0.7
Private free-standing day hospital facilities ^(e)	280	333	377	455	486	14.8	6.9
Other private hospitals ^(e)	6,081	6,410	6,366	6,450	6,468	1.6	0.3
Public acute & private hospitals ^(f)	21,448	21,753	22,186	22,622	22,907	1.7	1.3
Total	22,604	22,469	23,201	23,541	23,583	1.1	0.2
Patient days per 1,000 population^(h)							
Public hospitals	865.1	820.0	827.8	821.1	804.9	–1.8	–2.0
Public acute hospitals	804.2	782.8	775.9	774.7	771.3	–1.0	–0.4
Public psychiatric hospitals	60.9	37.1	51.9	46.4	33.6	–13.8	–27.6
Private hospitals ^{(d)(e)}	342.4	356.8	357.0	356.9	351.3	0.6	–1.6
Private free-standing day hospital facilities ^(e)	15.1	18.1	20.2	23.9	25.1	13.5	4.8
Other private hospitals ^(e)	327.4	336.7	334.9	331.8	325.2	–0.2	–2.0
Public acute & private hospitals ^(f)	1,144.5	1,134.9	1,133.0	1,131.6	1,122.6	–0.5	–0.8
Total	1,205.4	1,172.0	1,182.5	1,175.6	1,153.9	–1.1	–1.8
Average length of stay (days)							
Public hospitals	4.2	4.1	4.1	4.0	3.9	–1.7	–2.6
Public acute hospitals	3.9	3.9	3.9	3.8	3.8	–1.0	–1.1
Public psychiatric hospitals ^(d)	64.4	40.1	60.9	55.1	39.6	–11.5	–28.2
Private hospitals ^{(d)(e)}	3.1	3.0	2.9	2.8	2.7	–3.6	–2.6
Private free-standing day hospital facilities ^(e)	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Other private hospitals ^(e)	3.5	3.3	3.2	3.2	3.1	–2.9	–2.4
Public acute & private hospitals ^(f)	3.6	3.5	3.5	3.4	3.4	–2.1	–1.6
Total	3.8	3.7	3.6	3.5	3.4	–2.6	–2.7
Average length of stay, excluding same day separations (days)							
Public hospitals	6.9	6.7	6.9	6.9	6.7	–0.6	–2.9
Public acute hospitals	6.4	6.4	6.5	6.5	6.4	0.2	–1.2
Public psychiatric hospitals ^(d)	74.1	48.6	72.1	66.2	48.3	–10.1	–27.0
Private hospitals ^{(d)(e)}	5.9	5.7	5.7	5.6	5.6	–1.3	–0.7
Private free-standing day hospital facilities ^(e)	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Other private hospitals ^(e)	5.9	5.8	5.7	5.6	5.6	–1.3	–0.9
Public acute & private hospitals ^(f)	6.2	6.2	6.2	6.2	6.2	–0.3	–1.0
Total	6.6	6.4	6.5	6.5	6.3	–0.9	–2.2

(continued)

Table 2.3 (continued): Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 1999–00 to 2003–04^(b)

	1999–00	2000–01	2001–02	2002–03	2003–04	% change ^(c)	
						Ave since 1999–00	Since 2002–03
Indirectly standardised relative stay index⁽ⁱ⁾							
Public hospitals	1.00	1.00	0.99	0.97	0.96	..	..
Public acute hospitals	0.99	0.99	0.98	0.97	0.95	..	..
Public psychiatric hospitals ^(d)	1.28	1.28	1.31	1.32	1.33	..	..
Private hospitals ^{(d)(e)}	1.08	1.07	1.04	1.02	1.00	..	..
Private free-standing day hospital facilities ^(e)	0.75	0.76	0.74	0.75	0.74	..	..
Other private hospitals ^(e)	1.10	1.08	1.05	1.04	1.02	..	..
Public acute & private hospitals ^(f)	1.02	1.02	1.00	0.98	0.97	..	..
Total	1.02	1.02	1.00	0.99	0.97	..	..
Directly standardised relative stay index^(j)							
Public hospitals	1.01	1.01	0.99	0.98	0.96	-1.1	-1.3
Public acute hospitals	1.01	1.00	0.99	0.97	0.96	-1.1	-1.3
Public psychiatric hospitals ^(d)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Private hospitals ^{(d)(e)}	1.11	1.10	1.08	1.08	1.06	-1.1	-1.5
Private free-standing day hospital facilities ^(e)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals ^(e)	1.12	1.11	1.09	1.09	1.07	-1.1	-1.7
Public acute & private hospitals ^(f)	1.02	1.02	1.00	0.99	0.97	-1.3	-1.6
Total	1.03	1.02	1.00	0.99	0.97	-1.3	-1.5

- (a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
- (b) For 1999–00 to 2003–04, data on separations and patient days for public patients, private patients and other categories of patients in the public and private sector are presented in Table 7.1.
- (c) Annual average change, not adjusted for changes in coverage and recategorisation of two hospitals in New South Wales from the private to the public sector.
- (d) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See Appendix 4 for details.
- (e) The hospital type was not specified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database for 2000–01, 2001–02, 2002–03 and 2003–04. Thus, data for Tasmania are included in the total for private hospitals but not the private hospital subcategories.
- (f) Excludes public psychiatric hospitals.
- (g) AR-DRGs version 4.2 and public national cost weights 2002–03 were used for all rows in Average public cost weight of separations.
- (h) AR-DRGs version 4.2 and private national cost weights for 2002–03 were used for all rows in Average private cost weight of separations.
- (i) Relative stay index based on all hospitals combined for the 5-year period using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group. See Appendix 3 for details on the methodology.
- (j) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells. See Appendix 3 for details on the methodology.
- .. Not applicable.
- n.p. Not published, because there were too few AR-DRGs in the group.

Table 2.4: Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2003-04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495
Public acute hospitals	1,313,637	1,187,116	720,605	365,647	376,527	80,712	69,029	70,116	4,183,389
Public psychiatric hospitals	11,898	413	408	1,599	2,582	206	..	..	17,106
Private hospitals ^{(b)(c)}	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697
Private free-standing day hospital facilities ^(b)	163,722	104,838	147,309	33,574	36,943	n.p.	n.p.	n.p.	486,386
Other private hospitals ^(b)	548,423	575,968	492,738	256,619	169,268	n.p.	n.p.	n.p.	2,086,348
Public acute & private hospitals	2,025,782	1,867,922	1,360,652	655,840	582,738	n.p.	n.p.	n.p.	6,824,086
Total	2,037,680	1,868,335	1,361,060	657,439	585,320	n.p.	n.p.	n.p.	6,841,192
Overnight separations									
Public hospitals	760,533	535,165	370,180	185,992	191,501	40,624	30,005	29,331	2,143,331
Public acute hospitals	751,485	534,754	369,776	184,418	189,194	40,422	30,005	29,331	2,129,385
Public psychiatric hospitals	9,048	411	404	1,574	2,307	202	..	..	13,946
Private hospitals ^{(b)(c)}	249,988	250,278	230,343	118,931	87,488	n.p.	n.p.	n.p.	986,394
Private free-standing day hospital facilities ^(b)	2,689	0	0	406	0	n.p.	n.p.	n.p.	3,095
Other private hospitals ^(b)	247,299	250,278	230,343	118,525	87,488	n.p.	n.p.	n.p.	953,458
Public acute & private hospitals	1,001,473	785,032	600,119	303,349	276,682	n.p.	n.p.	n.p.	3,115,779
Total	1,010,521	785,443	600,523	304,923	278,989	n.p.	n.p.	n.p.	3,129,725
Same day separations									
Public hospitals	565,002	652,364	350,833	181,254	187,608	40,294	39,024	40,785	2,057,164
Public acute hospitals	562,152	652,362	350,829	181,229	187,333	40,290	39,024	40,785	2,054,004
Public psychiatric hospitals	2,850	2	4	25	275	4	..	..	3,160
Private hospitals ^{(b)(c)}	462,157	430,528	409,704	171,262	118,723	n.p.	n.p.	n.p.	1,654,303
Private free-standing day hospital facilities ^(b)	161,033	104,838	147,309	33,168	36,943	n.p.	n.p.	n.p.	483,291
Other private hospitals ^(b)	301,124	325,690	262,395	138,094	81,780	n.p.	n.p.	n.p.	1,132,890
Public acute & private hospitals	1,024,309	1,082,890	760,533	352,491	306,056	n.p.	n.p.	n.p.	3,708,307
Total	1,027,159	1,082,892	760,537	352,516	306,331	n.p.	n.p.	n.p.	3,711,467
Same day separations as a % of total									
Public hospitals	42.6	54.9	48.7	49.4	49.5	49.8	56.5	58.2	49.0
Public acute hospitals	42.8	55.0	48.7	49.6	49.8	49.9	56.5	58.2	49.1
Public psychiatric hospitals	24.0	0.5	1.0	1.6	10.7	1.9	..	..	18.5
Private hospitals ^{(b)(c)}	64.9	63.2	64.0	59.0	57.6	n.p.	n.p.	n.p.	62.6
Private free-standing day hospital facilities ^(b)	98.4	100.0	100.0	98.8	100.0	n.p.	n.p.	n.p.	99.4
Other private hospitals ^(b)	54.9	56.5	53.3	53.8	48.3	n.p.	n.p.	n.p.	54.3
Public acute & private hospitals ⁽ⁱ⁾	50.6	58.0	55.9	53.7	52.5	n.p.	n.p.	n.p.	54.3
Total	50.4	58.0	55.9	53.6	52.3	n.p.	n.p.	n.p.	54.3

(continued)

Table 2.4 (continued): Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations per 1,000 population^(d)									
Public hospitals	192.9	235.0	189.3	191.0	235.9	162.8	235.6	428.9	207.7
Public acute hospitals	191.1	235.0	189.2	190.2	234.2	162.4	235.6	428.9	206.8
Public psychiatric hospitals	1.8	0.1	0.1	0.8	1.7	0.4	..	..	0.9
Private hospitals ^{(b)(c)}	103.0	133.9	167.8	149.8	124.8	n.p.	n.p.	n.p.	130.9
Private free-standing day hospital facilities ^(b)	23.7	20.7	38.5	17.2	22.0	n.p.	n.p.	n.p.	25.1
Other private hospitals ^(b)	79.3	113.2	129.3	132.5	102.8	n.p.	n.p.	n.p.	105.8
Public acute & private hospitals	294.1	368.8	356.9	340.0	359.0	n.p.	n.p.	n.p.	337.7
Total	295.9	368.9	357.0	340.8	360.7	n.p.	n.p.	n.p.	337.2
Average public cost weight of separations^(e)									
Public hospitals	1.07	0.96	0.99	0.98	1.01	1.05	0.97	0.75	1.00
Public acute hospitals	1.07	0.96	0.99	0.97	0.99	1.04	0.97	0.75	1.00
Public psychiatric hospitals	1.43	3.00	1.62	2.62	2.82	2.08	..	..	1.79
Private hospitals ^{(b)(c)}	0.96	0.90	0.91	0.89	0.99	n.p.	n.p.	n.p.	0.93
Private free-standing day hospital facilities ^(b)	0.58	0.45	0.52	0.44	0.47	n.p.	n.p.	n.p.	0.52
Other private hospitals ^(b)	1.08	0.99	1.02	0.95	1.10	n.p.	n.p.	n.p.	1.02
Public acute & private hospitals	1.03	0.94	0.95	0.93	0.99	n.p.	n.p.	n.p.	0.97
Total	1.03	0.94	0.95	0.94	1.00	n.p.	n.p.	n.p.	0.97
Average private cost weight of separations^(f)									
Private hospitals ^{(c)(d)}	0.88	0.84	0.83	0.82	0.92	n.p.	n.p.	n.p.	0.85
Private free-standing day hospital facilities ^(c)	0.45	0.30	0.36	0.32	0.35	n.p.	n.p.	n.p.	0.37
Other private hospitals ^(c)	1.02	0.94	0.97	0.88	1.04	n.p.	n.p.	n.p.	0.97
Patient days									
Public hospitals	5,781,428	4,259,139	2,617,753	1,419,997	1,538,414	353,043	235,195	213,512	16,418,481
Public acute hospitals	5,436,534	4,228,759	2,505,036	1,351,623	1,438,891	332,219	235,195	213,512	15,741,769
Public psychiatric hospitals	344,894	30,380	112,717	68,374	99,523	20,824	..	..	676,712
Private hospitals ^{(c)(d)}	1,859,667	1,842,141	1,768,307	805,859	565,889	n.p.	n.p.	n.p.	7,164,732
Private free-standing day hospital facilities ^(b)	163,722	104,838	147,309	33,574	36,943	n.p.	n.p.	n.p.	486,386
Other private hospitals ^(b)	1,695,945	1,737,303	1,620,998	772,285	528,946	n.p.	n.p.	n.p.	6,467,910
Public acute & private hospitals	7,296,201	6,070,900	4,273,343	2,157,482	2,004,780	n.p.	n.p.	n.p.	22,906,501
Total	7,641,095	6,101,280	4,386,060	2,225,856	2,104,303	n.p.	n.p.	n.p.	23,583,213
Patient days per 1,000 population^(a)									
Public hospitals	828.0	830.0	691.1	748.8	914.8	695.3	837.8	1,363.1	804.9
Public acute hospitals	777.1	824.0	662.2	714.4	850.8	654.7	837.8	1,363.1	771.3
Public psychiatric hospitals	50.9	6.0	28.9	34.4	64.0	40.6	..	..	33.6
Private hospitals ^{(c)(d)}	265.3	357.3	467.9	423.8	330.8	n.p.	n.p.	n.p.	351.3
Private free-standing day hospital facilities ^(b)	23.7	20.7	38.5	17.2	22.0	n.p.	n.p.	n.p.	25.1
Other private hospitals ^(b)	241.6	336.6	429.4	406.5	308.8	n.p.	n.p.	n.p.	325.2
Public acute & private hospitals	1,042.4	1,181.3	1,130.1	1,138.1	1,181.6	n.p.	n.p.	n.p.	1,122.6
Total	1,093.3	1,187.4	1,159.0	1,172.6	1,245.6	n.p.	n.p.	n.p.	1,153.9

(continued)

Table 2.4 (continued): Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (days)									
Public hospitals	4.4	3.6	3.6	3.9	4.1	4.4	3.4	3.0	3.9
Public acute hospitals	4.1	3.6	3.5	3.7	3.8	4.1	3.4	3.0	3.8
Public psychiatric hospitals ^(g)	29.0	73.6	276.3	42.8	38.5	101.1	..	..	39.6
Private hospitals ^{(c)(d)}	2.6	2.7	2.8	2.8	2.7	n.p.	n.p.	n.p.	2.7
Private free-standing day hospital facilities ^(b)	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals ^(b)	3.1	3.0	3.3	3.0	3.1	n.p.	n.p.	n.p.	3.1
Public acute & private hospitals	3.6	3.3	3.1	3.3	3.4	n.p.	n.p.	n.p.	3.4
Total	3.7	3.3	3.2	3.4	3.6	n.p.	n.p.	n.p.	3.4
Average length of stay, excluding same day separations (days)									
Public hospitals	6.9	6.7	6.1	6.7	7.1	7.7	6.5	5.9	6.7
Public acute hospitals	6.5	6.7	5.8	6.3	6.6	7.2	6.5	5.9	6.4
Public psychiatric hospitals ^(g)	37.8	73.9	279.0	43.4	43.0	103.1	..	..	48.3
Private hospitals ^{(c)(d)}	5.6	5.6	5.9	5.3	5.1	n.p.	n.p.	n.p.	5.6
Private free-standing day hospital facilities ^(b)	1.0	..	..	1.0	..	n.p.	n.p.	n.p.	1.0
Other private hospitals ^(b)	5.6	5.6	5.9	5.4	5.1	n.p.	n.p.	n.p.	5.6
Public acute & private hospitals	6.3	6.4	5.9	6.0	6.1	n.p.	n.p.	n.p.	6.2
Total	6.5	6.4	6.0	6.1	6.4	n.p.	n.p.	n.p.	6.3

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See Appendix 4 for details.

(c) The hospital type was not specified for Tasmanian private hospitals. Thus, data for Tasmanian hospitals are included in the total for private hospitals, but not for the private hospital subcategories.

(d) Figures are directly age-standardised to the Australian population as detailed in Appendix 3.

(e) Separations for which the care type was reported as *Acute*, or as *Newborn* with qualified patient days, or was *Not reported*. Public national cost weights were used for all rows under Average public cost weight of separations.

(f) Separations for which the care type was reported as *Acute*, or as *Newborn with qualified patient days*, or was *Not reported*. Private national cost weights were used for all rows in Average private cost weight of separations.

(g) Caution should be used with average length of stay data for public psychiatric hospitals. The figures include a small percentage of long stay patients who can affect the average markedly.

n.p. Not published.

.. Not applicable.

Table 2.5: Non-admitted patient occasions of service^(a), by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2003–04

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(b)	Total ^(c)
Public acute hospitals									
Individual occasions of service									
Accident & emergency	1,986,084	1,289,206	1,247,886	579,746	460,843	101,103	97,145	102,219	5,864,232
Dialysis	18,034	..	0	..	..	..	..	..	18,034
Pathology	2,394,551	759,419	2,430,084	625,935	..	197,924	33,982	73,054	6,514,949
Radiology & organ imaging	782,272	613,142	764,914	355,690	249,868	69,118	62,506	58,183	2,955,693
Endoscopy & related procedures	12,546	..	4,006	..	..	..	..	..	16,552
Other medical/surgical/obstetric	4,068,709	1,485,288	2,205,453	566,367	853,808	253,485	204,816	100,276	9,738,202
Mental health	1,014,267	631,837	86,227	37,418	21,913	1,651	4,819	..	1,798,132
Alcohol & drug	1,012,755	24,792	72,822	..	..	..	..	..	1,110,369
Dental	832,325	165,386	357,913	10,638	6,858	2,014	..	..	1,375,134
Pharmacy	919,904	388,672	673,714	169,127	..	63,052	513	25,846	2,240,828
Allied health	1,582,352	1,080,488	548,395	902,585	224,423	124,525	10,190	11,828	4,484,786
Community health	2,070,159	308,620	172,258	890,351	..	43,031	7,238	..	3,491,657
District nursing ^(d)	2,542,335	200,660	66,844	179,544	..	..	..	..	2,989,383
Other outreach	425,127	3,954	110,997	142,450	324,779	..	16,440	..	1,023,747
Total individual occasions of service	19,661,420	6,951,464	8,741,513	4,459,851	2,142,492	855,903	437,649	371,406	43,621,698
Group sessions									
Other medical/surgical/obstetric	38,464	n.a.	5,665	10	5,652	n.a.	1,837	n.a.	51,628
Mental health	25,794	n.a.	2,236	2,118	1,588	n.a.	1,869	n.a.	33,605
Alcohol & drug	5,347	n.a.	0	0	..	n.a.	..	n.a.	5,347
Allied health	43,816	n.a.	9,941	13,251	6,971	n.a.	1,101	n.a.	75,080
Community health	56,873	n.a.	2,982	39,896	..	n.a.	..	n.a.	99,751
District nursing	7,455	n.a.	184	2,739	..	n.a.	..	n.a.	10,378
Other outreach	7,831	n.a.	1,590	2,600	113,839	n.a.	77	n.a.	125,937
Other	461	n.a.	0	..	..	n.a.	..	n.a.	461
Total group sessions	186,041	37,838	22,598	60,614	128,050	n.a.	4,884	n.a.	440,025
Public psychiatric hospitals									
Emergency & outpatient individual sessions	158,929	3,766	206	5,293	n.a.	n.a.	..	..	168,194
Emergency & outpatient group sessions	5,904	0	0	332	n.a.	n.a.	..	..	6,236
Outreach/community individual sessions	3,068	0	0	0	n.a.	n.a.	..	..	3,068
Outreach/community group sessions	0	0	0	0	n.a.	n.a.	..	..	0
Total services	167,901	3,766	206	5,625	n.a.	n.a.	..	..	177,498

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) Radiology figures for the Northern Territory are underestimated and pathology figures relate only to 3 of the 5 hospitals.

(c) Includes only those states and territories for which data are available.

(d) Justice Health (formerly known as Corrections Health) in New South Wales reported 1,421,528 district nursing occasions of services. Their services may not be typical of district nursing.

n.a. Not available.

.. Not applicable.

Table 2.6: Non-admitted patient occasions of service ('000), by type of non-admitted patient care, private hospitals, states and territories, 2002-03

Type of non-admitted patient care	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Accident and emergency ^(a)	80.0	113.0	110.1	41.7	n.a.	n.a.	n.a.	n.a.	481.0
Outpatient services ^(b)	273.2	686.7	189.4	11.8	35.4	n.a.	n.a.	n.a.	1,202.3
Other non-admitted services ^(c)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	162.3
Other	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	73.9
Total	511.1	821.6	308.0	57.8	144.9	n.a.	n.a.	n.a.	1,919.4

(a) Including hospitals which do not have a formal accident and emergency unit but which treated accident and emergency patients during the year.

(b) Includes *Dialysis, Radiology and organ imaging, Endoscopy, Pathology, Other medical/surgical/diagnostic, Psychiatric, Alcohol and drug, Dental, Pharmacy and Allied health services.*

(c) Includes *Community health services, District nursing services and Non-medical and social services.*

n.a. Not available for publication but included in totals where applicable.

Source: Australian Bureau of Statistics' Private Health Establishments Collection, unpublished data.

3 Public hospital establishments

Introduction

This chapter describes the public hospital sector in terms of the number of hospitals, availability of hospital beds, staff employed and specialised services provided. This chapter also provides information on public hospital expenditure and revenue. The main source of data is the National Public Hospital Establishments Database. Data on specialised services, expenditure, staffing and revenue for some small hospitals in Tasmania were incomplete.

Hospitals and bed numbers

Table 3.1 presents information on the numbers of hospitals and beds and the distribution of hospitals by their size, which has been determined by the number of available beds. There were 761 hospitals and 53,327 beds reported for 2003–04.

The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. A more reliable indicator of the availability of hospital services may be the numbers of hospital beds. However, the concept of an available bed is also becoming less important, for example in the light of increasing same day hospitalisations and provision of hospital in the home care. The comparability of bed numbers can also be affected by the casemix of hospitals with, for example, differing proportions of beds available for special and more general purposes.

Based on numbers of available beds, there were more small hospitals, particularly in those jurisdictions that cover large geographic areas. The majority of beds were in larger hospitals and in more densely populated areas. Although 70.6% of hospitals had fewer than 50 beds, these small hospitals accounted for only 18.5% of available beds. The largest hospital had 820 beds, and the median hospital size was 25 beds.

Further detail about the characteristics and numbers of public hospitals is included in Appendix 4 and, by public hospital peer group, in Table 4.2.

Geographical distribution of beds

The Remoteness Area classification is used in Table 3.2 to present information on the geographical distribution of public hospitals and available beds, and on the number of available beds per 1,000 population. Information on the Remoteness Area classification is included in Appendix 3.

On a Remoteness Area basis, the highest number of hospitals was in outer regional areas (224) and the largest number of beds was in major cities (32,865).

Nationally, there were 2.7 public hospital beds per 1,000 population. The ratio of public hospital beds in a jurisdiction to the population resident in the jurisdiction ranged from

2.1 beds per 1,000 population in the Australian Capital Territory to 3.2 beds per 1,000 population in South Australia.

On a Remoteness Area basis, the ratio of public hospital beds in an area to the population resident in the area ranged from 2.5 beds per 1,000 population nationally in *Major cities*, to 2.9 beds per 1,000 population in regional areas and 5.3 beds per 1,000 population in *Remote* and *Very remote* areas. This distribution of beds is reflected in separation rates for public hospitals by geographical area (see Table 8.12).

This analysis by Remoteness Area is of less relevance to geographically smaller jurisdictions and those jurisdictions with small populations residing in remote areas (such as the Australian Capital Territory and Victoria). Thus, these data should be interpreted noting that the ratio of services to the population does not necessarily indicate the accessibility of hospital services. Hospitals based in central locations can also serve patients who reside in other areas of a state or territory or in other jurisdictions. The patterns of bed availability may also reflect a number of factors including patterns of availability of other health care services, patterns of disease and injury and the relatively poor health of Indigenous people, who have higher population concentrations in remote areas.

Specialised services

Data relating to the availability of specialised services (such as *Obstetric/maternity service*, *Intensive care unit* and *Transplantation units*) in public acute hospitals for all states and territories are presented in Table 3.3. By far, the most common specialised services offered by hospitals were *Domiciliary care services* and services provided by *Obstetric/maternity* and *Nursing home care units*. By contrast, *Acute spinal cord injury unit* and *Pancreas, heart and liver transplant services* were provided by only a few hospitals, reflecting the highly specialised nature of those services.

Most specialised services were in hospitals located in major cities with, for example, all 6 *Acute spinal cord injury units* being located in *Major cities*. However, other services were more spread with 2 of the 13 *Burns units (level III)* being in *Regional* areas, while 67 *Obstetric/maternity services* were in *Major cities*, 169 in *Regional* hospitals and 24 in *Remote* hospitals.

Data on specialised services were not available for a few hospitals so the services may be under-enumerated.

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, there were some smaller hospitals that reported having an obstetric unit and reported less than one delivery a week on average to the National Hospital Morbidity Database. There are also a few hospitals that reported not having an obstetric unit, that reported one or more deliveries a day.

For information on service-related definitions of specialised services see Appendix 5 on Service Related Groups.

Staffing

Information on the number of full-time equivalent staff employed in public hospitals by state and territory is presented in Table 3.4, as the average available staff for the year. The

collection of data by staffing category is not consistent among states and territories – for some jurisdictions, best estimates are reported for some staffing categories. New South Wales and Victoria were unable to provide information for each nurse category, although data on total nurse numbers were provided.

Nationally, 205,314 full-time equivalent staff were employed in the public hospital sector in 2003–04. *Nurses* constituted 44.2% (90,751) of public hospital staff; *Registered nurses* were the largest group in those states and territories that reported a breakdown of the nursing categories.

There were 20,182 *Salaried medical officers* employed in public hospitals throughout Australia, representing 9.8% of the public hospital labour force. Information on numbers of visiting medical officers (VMOs), who are contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals, is not available due to problems in the collection of systematic data on the hours, sessions and/or services provided by VMOs in many hospitals. (See Table 3.5 for data on expenditure on VMOs.)

Variation in some staffing categories (in particular, *Other personal care staff* and *Domestic and other staff*) is most likely due to different reporting practices within the states. Queensland, in particular, has noted that there is little difference between these categories, and that an employee may perform different functions within these two categories on different days. South Australia, Tasmania, Victoria and New South Wales did not provide data on *Other personal care staff* and these staff are included in the *Diagnostic and allied health* and *Domestic and other staffing* categories.

The outsourcing of services with a large labour-related component (for example, food services and domestic services) can have a large impact on the staffing figures. Differences in outsourcing may explain some of the differences in full-time equivalent staff in some staffing categories and also some of the differences between the states and territories.

Recurrent expenditure by hospitals

Information on gross recurrent expenditure, categorised into *Salary* and *Non-salary expenditure*, is presented in Table 3.5. Nationally, recurrent expenditure by public acute and psychiatric hospitals was \$20,013 million in 2003–04.

There was an increase in expenditure of 9.3% (\$1.70 billion) in current prices between 2002–03 and 2003–04 (Table 2.1). In constant prices (referenced to 2001–02), national expenditure was \$19,299 million in 2003–04, and represented a real increase in expenditure of 5.4% over 2002–03.

The largest contributor to these increases was an increase in recurrent expenditure of \$819 million (current prices) by New South Wales, which included a \$515 million increase for salaries and wages expenditure.

The largest share of expenditure for 2003–04 was for salary payments. Even when payments to VMOs and payments for outsourced services, which include large labour components, are excluded, salary payments accounted for 62% of the \$20.0 billion spent within the public hospital system. Salary payments include salaries and wages, payments to staff on paid leave, workers' compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data are available.

Medical and surgical supplies (which include consumable supplies only and not equipment purchases), administrative expenses and drug supplies were the major non-salary expenses for public hospitals nationally. Data for Queensland include payments for pathology provided by the state-wide pathology services.

Depreciation has also been reported in Table 3.5. The data show that there is variation between states and territories in reporting, ranging from 6.0% of total expenditure in Queensland to 1.0% in the Northern Territory. No data were available on depreciation for Tasmania and the data were incomplete for South Australia.

Hospital revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from state or territory governments) is reported in Table 3.6. In this table, states and territories have reported revenue against three categories: *Patient revenue*, *Recoveries* (income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries), and *Other revenue* (such as from charities). In data reported for Queensland, *Patient revenue* includes revenue for items such as pharmacy and ambulance, which could be considered as *Recoveries*.

Australian public hospitals received \$1.64 billion in revenue in 2003–04. This was equivalent to 8.2% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure, however, varied among the states and territories. Public hospital revenue in Tasmania represented 14.1% of expenditure, whereas revenue in the Northern Territory and South Australia represented less than 5% of expenditure.

There is some variation among the states and territories in the treatment of revenue data. For example, Victoria's *Other revenue* includes Commonwealth grants. In contrast, the Northern Territory does not include Commonwealth grants in its revenue figures.

There is also some inconsistency in the treatment of income from asset sales. Western Australia netted out asset sales in their capital expenditure accounts, and South Australia netted out land sales in their capital expenditure accounts and reported sales from other surplus goods in the revenue figures. Both the Australian Capital Territory and the Northern Territory reported revenue from asset disposal as part of *Other revenue*. Victoria and Queensland account for asset sales in their capital expenditure accounts. The income from asset disposal (apart from major assets such as land, buildings and some motor vehicles) is usually not very significant as capital assets are generally retained until they are either worn out or obsolete, making their residual value comparatively small. Sometimes there is even a net cost incurred in disposing of an asset.

Other expenditure and revenue related to hospitals

Expenditure reported in Table 3.5 is largely expenditure by hospitals and not necessarily all expenditure on hospital services by each state or territory government. Revenue reported in Table 3.6 is largely revenue received by individual hospitals, and does not necessarily include all revenue received by each state or territory government for provision of public hospital services.

For example, expenditure on public hospital services purchased by the state or territory government (at the state- or area health service-level) from privately owned and/or operated hospitals is not included in Table 3.5 except if the privately owned and/or operated hospital has been reported as a public hospital (see Appendix 4). Expenditure on public patients hospitalised in other jurisdictions is also not identified in Table 3.5 for the purchasing jurisdiction, although it would be largely reflected as expenditure in other jurisdictions' columns in Table 3.5. It would not be included in Table 3.6, which excludes general revenue payments from the state and territory governments. Expenditure by public hospitals, through inter-hospital contracts, is assumed to be included within the expenditure reported for hospitals in Table 3.5.

Data on the purchase (at the state- or area health service-level) of public hospital services provided by privately owned and/or operated hospitals has been reported by some states and territories. In 2003–04, Western Australia spent \$150.7 million on the purchase of public hospital services from private hospitals, which is equivalent to 8% of total recurrent expenditure by public hospitals (Table 3.5). New South Wales, South Australia and Victoria reported \$24.1 million, \$2.5 million and \$0.3 million expenditure, respectively. The Australian Capital Territory and the Northern Territory reported nil recurrent expenditure on purchasing public patient services from private hospitals. Data were provided for Tasmania, but have not been published, due to commercial-in-confidence considerations. Data were not available for Queensland.

This reporting of expenditure is affected by how public and private hospitals are defined (see Appendix 4). For example, the expenditure reported in this section for Western Australia includes the expenditure for two hospitals largely contracted to provide public services (Peel and Joondalup hospitals) because they are reported as private hospitals. Expenditure for similar hospitals in other states (for example, the Mildura Base Hospital in Victoria) is included in Table 3.5 because they are reported as public hospitals.

Notes on financial data

Financial data reported from the National Public Hospital Establishments Database are not comparable with data reported in the Institute's annual publication *Health Expenditure Australia 2002–03* (AIHW 2004b). For the latter, trust fund expenditure is included (whereas it is not generally included in the data here), and hospital expenditure may be defined to cover activity not covered by this data collection.

Capital formation expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National Health Data Dictionary* (NHDC 2003) categories and the comparability of the data may not be adequate for reporting.

It should also be noted that, because some states and territories have not fully implemented accrual accounting procedures and systems, expenditure and revenue presented in the current report are mixtures of expenditure/payments and revenue/receipts, respectively. Depreciation represents a significant portion of expenditure and has been excluded from expenditure totals to ensure comparability across jurisdictions.

Table 3.1: Number of public acute and psychiatric hospitals^(a) and available beds^(b), by hospital size, states and territories, 2003–04

Hospital size ^(c)	NSW	Vic ^(d)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or less beds	25	30	70	21	9	18	1	0	174
More than 10 to 50 beds	120	58	72	52	53	6	0	2	363
More than 50 to 100 beds	34	20	13	8	9	0	0	1	85
More than 100 to 200 beds	28	16	11	7	3	1	1	1	68
More than 200 to 500 beds	18	18	9	3	5	2	1	1	57
More than 500 beds	6	2	3	2	1	0	0	0	14
Total	231	144	178	93	80	27	3	5	761
Available beds									
10 or less beds	101	188	257	158	59	106	10	..	879
More than 10 to 50 beds	3,171	1,384	1,791	1,086	1,382	128	..	50	8,991
More than 50 to 100 beds	2,434	1,466	947	527	617	..	..	60	6,051
More than 100 to 200 beds	4,295	2,382	1,714	972	504	131	175	164	10,337
More than 200 to 500 beds	5,647	5,444	2,777	1,029	1,643	784	498	295	18,118
More than 500 beds	3,760	1,086	2,302	1,183	621	..	..	..	8,952
Total	19,408	11,950	9,788	4,955	4,826	1,149	683	569	53,327

- (a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. For example, in 2003–04 New South Wales increased the number of reporting public hospital units without changing the number of actual facilities. See Appendix 4 for more details.
- (b) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services.
- (c) Size is based on the average number of available beds.
- (d) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.
- .. Not applicable.

Table 3.2: Number of hospitals^(a), available beds and ratio of available beds in area to 1,000 population resident in area, by Remoteness Area, public acute and psychiatric hospitals, states and territories, 2003–04

Region	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities	72	48	19	19	14	..	3	..	175
Inner regional	76	58	26	9	16	9	0	..	194
Outer regional	63	36	55	28	28	13	..	1	224
<i>Total regional</i>	<i>139</i>	<i>94</i>	<i>81</i>	<i>37</i>	<i>44</i>	<i>22</i>	<i>0</i>	<i>1</i>	<i>418</i>
Remote	14	2	34	24	16	3	..	2	95
Very remote	6	..	44	13	6	2	..	2	73
<i>Total remote</i>	<i>20</i>	<i>2</i>	<i>78</i>	<i>37</i>	<i>22</i>	<i>5</i>	<i>..</i>	<i>4</i>	<i>168</i>
Total all regions	231	144	178	93	80	27	3	5	761
Available beds^(c)									
Major cities	12,863	8,399	4,713	3,234	2,973	..	683	..	32,865
Inner regional	4,468	2,800	2,032	335	469	880	0	..	10,984
Outer regional	1,765	736	2,123	746	918	241	..	295	6,824
<i>Total regional</i>	<i>6,233</i>	<i>3,536</i>	<i>4,155</i>	<i>1,081</i>	<i>1,387</i>	<i>1,121</i>	<i>0</i>	<i>295</i>	<i>17,808</i>
Remote	253	14	416	463	352	19	..	224	1,741
Very remote	58	..	504	177	115	9	..	50	913
<i>Total remote</i>	<i>311</i>	<i>14</i>	<i>920</i>	<i>640</i>	<i>467</i>	<i>28</i>	<i>0</i>	<i>274</i>	<i>2,654</i>
Total all regions	19,408	11,950	9,788	4,955	4,826	1,149	683	569	53,327
Ratio of available beds in area to 1,000 population resident in area									
Major cities	2.7	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Inner regional	3.2	2.7	2.1	1.4	2.4	2.9	..	..	2.6
Outer regional	3.7	2.9	3.2	4.0	5.2	1.5	..	2.7	3.4
<i>Total regional</i>	<i>3.4</i>	<i>2.7</i>	<i>2.5</i>	<i>2.5</i>	<i>3.7</i>	<i>2.4</i>	<i>0.0</i>	<i>2.7</i>	<i>2.9</i>
Remote	6.5	2.4	4.5	5.1	7.6	2.3	..	5.4	5.4
Very remote	7.3	..	9.4	3.5	8.4	3.5	..	1.0	5.1
<i>Total remote</i>	<i>6.7</i>	<i>2.4</i>	<i>6.3</i>	<i>4.5</i>	<i>7.8</i>	<i>2.6</i>	<i>..</i>	<i>3.0</i>	<i>5.3</i>
Total all regions	2.9	2.4	2.6	2.5	3.2	2.4	2.1	2.9	2.7

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

For example, in 2003–04 New South Wales increased the number of reporting public hospital units without changing the number of actual facilities. See Appendix 4 for more detail.

(b) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

(c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services.

.. Not applicable.

Table 3.3: Number of public acute hospitals^(a) with specialised services, by Remoteness Area, states and territories, 2003–04

Specialised services	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Acute renal dialysis unit	17	10	10	5	4	2	1	2	51
Major city	13	8	3	5	4	0	1	0	34
Regional	4	2	7	0	0	2	0	1	16
Remote	0	0	0	0	0	0	0	1	1
Acute spinal cord injury unit	2	1	1	1	1	0	0	0	6
Major city	2	1	1	1	1	0	0	0	6
AIDS unit	7	3	4	1	1	0	1	1	18
Major city	7	3	3	1	1	0	1	0	16
Regional	0	0	1	0	0	0	0	0	1
Remote	0	0	0	0	0	0	0	1	1
Alcohol and drug unit	36	15	9	4	3	1	0	1	69
Major city	24	7	4	1	1	0	0	0	37
Regional	12	8	4	1	2	1	0	0	28
Remote	0	0	1	2	0	0	0	1	4
Burns unit (level III)	4	2	2	2	2	1	0	0	13
Major city	3	2	2	2	2	0	0	0	11
Regional	1	0	0	0	0	1	0	0	2
Cardiac surgery unit	11	7	3	4	2	1	1	0	29
Major city	11	7	2	4	2	0	1	0	27
Regional	0	0	1	0	0	1	0	0	2
Clinical genetics unit	11	7	1	2	2	0	1	0	24
Major city	8	6	1	2	2	0	1	0	20
Regional	3	1	0	0	0	0	0	0	4
Coronary care unit	46	28	21	3	10	3	2	2	115
Major city	29	14	10	3	5	0	2	0	63
Regional	17	14	10	0	5	3	0	1	50
Remote	0	0	1	0	0	0	0	1	2
Diabetes unit	23	18	11	5	8	3	1	1	70
Major city	21	15	7	5	8	0	1	0	57
Regional	2	3	4	0	0	3	0	1	13
Domiciliary care service	148	95	37	61	48	0	0	1	390
Major city	36	26	5	10	9	0	0	0	86
Regional	107	69	15	29	27	0	0	0	247
Remote	5	0	17	22	12	0	0	1	57
Geriatric assessment unit	49	33	8	29	15	2	1	0	137
Major city	32	21	3	8	8	0	1	0	73
Regional	17	12	4	18	6	2	0	0	59
Remote	0	0	1	3	1	0	0	0	5
Hospice care unit	34	24	8	19	21	1	1	0	108
Major city	16	6	5	0	5	0	1	0	33
Regional	18	18	3	14	12	1	0	0	66
Remote	0	0	0	5	4	0	0	0	9
Infectious diseases unit	11	13	8	3	5	0	1	1	42
Major city	10	13	6	3	5	0	1	0	38
Regional	1	0	2	0	0	0	0	0	3
Remote	0	0	0	0	0	0	0	1	1
Intensive care unit (level III)	37	16	19	4	5	2	1	2	86
Major city	24	12	11	4	4	0	1	0	56
Regional	13	4	8	0	1	2	0	1	29
Remote	0	0	0	0	0	0	0	1	1
In-vitro fertilisation unit	3	4	0	1	2	0	0	0	10
Major city	3	2	0	1	2	0	0	0	8
Regional	0	2	0	0	0	0	0	0	2
Maintenance renal dialysis centre	40	55	19	10	9	2	1	3	139
Major city	20	19	5	6	6	0	1	0	57
Regional	19	36	12	3	2	2	0	1	75
Remote	1	0	2	1	1	0	0	2	7

(continued)

Table 3.3 (continued): Number of public acute hospitals^(a) with specialised services, by Remoteness Area, states and territories, 2003–04

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total
Major plastic/reconstructive surgery unit	12	10	9	3	4	1	1	0	40
Major city	11	10	7	3	4	0	1	0	36
Regional	1	0	2	0	0	1	0	0	4
Neonatal intensive care unit (level III)	11	4	4	1	2	1	1	1	25
Major city	10	4	3	1	2	0	1	0	21
Regional	1	0	1	0	0	1	0	1	4
Neurosurgical unit	11	8	6	3	4	1	1	0	34
Major city	11	8	5	3	4	0	1	0	32
Regional	0	0	1	0	0	1	0	0	2
Nursing home care unit	58	77	6	35	47	0	0	0	223
Major city	2	12	0	2	3	0	0	0	19
Regional	49	65	3	17	30	0	0	0	164
Remote	7	0	3	16	14	0	0	0	40
Obstetric/maternity service	83	61	45	32	30	2	2	5	260
Major city	29	14	7	8	7	0	2	0	67
Regional	53	47	32	17	17	2	0	1	169
Remote	1	0	6	7	6	0	0	4	24
Oncology unit	31	33	9	5	7	3	2	0	90
Major city	23	16	7	4	7	0	2	0	59
Regional	8	17	2	1	0	3	0	0	31
Psychiatric unit/ward	42	28	18	16	8	3	2	2	119
Major city	29	21	9	13	8	0	2	0	82
Regional	13	7	9	3	0	3	0	1	36
Remote	0	0	0	0	0	0	0	1	1
Refractory epilepsy unit	5	6	0	3	2	1	0	0	17
Major city	5	6	0	3	2	0	0	0	16
Regional	0	0	0	0	0	1	0	0	1
Rehabilitation unit	55	25	15	8	14	2	1	2	122
Major city	32	15	7	7	5	0	1	0	67
Regional	23	10	8	1	9	2	0	1	54
Remote	0	0	0	0	0	0	0	1	1
Sleep centre	12	7	5	2	4	0	0	0	30
Major city	12	7	4	2	4	0	0	0	29
Regional	0	0	1	0	0	0	0	0	1
Specialist paediatric service	44	26	27	8	8	2	2	3	120
Major city	23	13	9	4	4	0	2	0	55
Regional	21	13	16	2	4	2	0	1	59
Remote	0	0	2	2	0	0	0	2	6
Transplantation unit—bone marrow	12	7	5	3	3	1	1	0	32
Major city	12	7	5	3	3	0	1	0	31
Regional	0	0	0	0	0	1	0	0	1
Transplantation unit—heart (including heart/lung)	1	2	1	1	0	0	0	0	5
Major city	1	2	1	1	0	0	0	0	5
Transplantation unit—liver	2	2	2	1	1	0	0	0	8
Major city	2	2	2	1	1	0	0	0	8
Transplantation unit—pancreas	1	1	0	1	0	0	0	0	3
Major city	1	1	0	1	0	0	0	0	3
Transplantation unit—renal	9	6	1	3	1	0	0	0	20
Major city	9	6	1	3	1	0	0	0	20

(a) Excludes psychiatric hospitals. Rows for regional and remote with no units omitted from table.

(b) Data for a small number of hospitals in New South Wales were not available, so the number of services is therefore slightly under-enumerated.

(c) May be a slight underestimate as some small multi-campus rural services were reported at network rather than campus level. Consequently if two campuses within the group had a specialised type of service, they were counted as one.

Table 3.4: Average full-time equivalent staff^(a), public acute and psychiatric hospitals, states and territories, 2003–04

Staffing category	NSW^(b)	Vic^(c)	Qld^(d)	WA^(e)	SA^(b)	Tas^(f)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	6,700	5,389	3,602	1,883	1,678	367	317	246	20,182
Registered nurses	n.a.	n.a.	12,444	7,330	6,081	1,608	1,254	906	n.a.
Enrolled nurses	n.a.	n.a.	2,217	828	1,701	198	225	35	n.a.
Student nurses	..	..	..	..	31	..	..	..	31
<i>Total nurses</i>	<i>31,865</i>	<i>24,028</i>	<i>14,661</i>	<i>8,158</i>	<i>7,813</i>	<i>1,806</i>	<i>1,479</i>	<i>941</i>	<i>90,751</i>
Other personal care staff	n.a.	n.a.	742	6	n.a.	n.a.	125	14	n.a.
Diagnostic & allied health professionals	10,005	10,784	3,231	2,230	1,965	349	349	261	29,174
Administrative & clerical staff	11,536	9,042	4,667	3,120	2,739	504	523	364	32,495
Domestic & other staff	11,679	6,441	6,222	3,674	2,149	984	192	484	31,825
Total staff	71,785	55,684	33,125	19,071	16,344	4,010	2,985	2,310	205,314

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2004 were used. Staff contracted to provide products (rather than labour) are not included.

(b) *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(c) For Victoria, full time equivalent staff numbers may be slightly understated. *Other personal care staff* are included in *Domestic & other staff*.

(d) Queensland pathology services provided by staff employed by the state pathology service are not reported here.

(e) *Other personal care staff* for Western Australia excludes staff on retention who do not work regular hours. Many hospitals were unable to provide a split between nurse categories and these have been reported as *Registered nurses*.

(f) Data for 2 small Tasmanian privately operated hospitals were not supplied. *Other personal care staff* are included in *Domestic & other staff*.

n.a. Not available.

.. Not applicable.

Table 3.5: Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2003–04

Recurrent expenditure category	NSW ^(b)	Vic	Qld ^(c)	WA	SA ^(d)	Tas ^(e)	ACT	NT ^(f)	Total
Salary and wages expenditure									
Salaried medical officers	783,047	717,627	379,564	261,724	180,214	37,663	42,416	32,041	2,434,296
Registered nurses	n.a.	n.a.	745,466	464,052	371,021	92,859	80,020	59,204	1,812,622
Enrolled nurses	n.a.	n.a.	96,394	36,882	76,764	8,473	11,159	1,796	231,468
Student nurses	..	..	..	..	1,804	..	..	..	1,804
<i>Total nurses</i>	<i>2,080,299</i>	<i>1,497,320</i>	<i>841,860</i>	<i>500,934</i>	<i>449,589</i>	<i>101,332</i>	<i>91,179</i>	<i>61,000</i>	<i>5,623,513</i>
Other personal care staff	n.a.	n.a.	28,417	223	n.a.	n.a.	5,330	748	34,718
Diagnostic & allied health professionals	537,973	467,542	192,009	122,282	98,884	20,767	18,082	16,217	1,473,756
Administrative & clerical staff	581,036	401,502	196,407	141,515	116,522	20,517	26,464	19,878	1,503,841
Domestic & other staff	431,136	274,688	240,589	144,567	75,066	47,088	7,669	20,229	1,241,032
Salary expenditure category, not further categorised	..	23,216	..	..	..	..	..	..	23,216
Total salary & wages expenditure	4,413,491	3,381,895	1,878,846	1,171,245	920,275	227,367	191,140	150,113	12,334,372
Non-salary expenditure									
Payments to visiting medical officers	374,039	127,097	61,780	67,201	69,433	12,518	23,320	1,643	737,031
Superannuation payments	403,806	308,796	185,292	106,388	84,417	25,183	22,638	12,530	1,149,050
Drug supplies	364,405	268,063	167,753	107,624	75,694	17,441	11,711	13,508	1,026,199
Medical & surgical supplies	632,467	443,199	313,031	138,746	93,412	38,627	31,276	16,698	1,707,456
Food supplies	103,666	57,660	27,071	15,852	11,792	5,266	3,555	2,267	227,129
Domestic services	172,159	123,348	91,706	65,667	43,477	12,172	13,983	9,511	532,023
Repairs & maintenance	173,787	105,732	68,673	47,179	54,090	16,972	8,714	5,277	480,424
Patient transport	49,216	27,629	18,552	17,006	13,938	2,540	877	9,405	139,163
Administrative expenses	410,969	392,622	173,242	84,557	46,670	25,206	23,339	13,584	1,170,189
Interest payments	3,036	0	5	13,152	1,847	n.a.	78	n.a.	18,118
Depreciation	309,201	187,475	192,868	60,593	382	n.a.	14,461	2,436	n.a.
Other recurrent expenditure	147,927	127,826	10,317	12,475	140,853	18,258	20,188	8,018	485,862
Non-salary expenditure, not further categorised	..	6,227	..	..	..	..	..	..	6,227
Total non-salary expenditure excluding depreciation	2,835,477	1,988,199	1,117,422	675,847	635,623	174,183	159,679	92,441	7,678,871
Total non-salary expenditure including depreciation	3,144,678	2,175,674	1,310,290	736,440	636,005	n.a.	174,140	94,877	n.a.
Total expenditure excluding depreciation	7,248,968	5,370,094	2,996,268	1,847,092	1,555,898	401,550	350,819	242,554	20,013,243
Public acute hospitals	7,018,419	5,340,651	2,914,702	1,799,260	1,473,934	395,122	350,819	242,554	19,535,461
Psychiatric hospitals	230,549	29,443	81,566	47,832	81,964	6,428	..	..	477,782
Total expenditure including depreciation	7,558,169	5,557,569	3,189,136	1,907,685	1,556,280	n.a.	365,280	244,990	n.a.
Public acute hospitals	7,316,924	5,526,883	3,100,765	1,858,728	n.a.	n.a.	365,280	244,990	n.a.
Psychiatric hospitals	241,245	30,686	88,371	48,957	n.a.	n.a.	..	..	n.a.

- (a) Recurrent expenditure on purchase of public hospitals services at the state- or area health service-level from privately owned and/or operated hospitals is not included, but is reported for some jurisdictions in the text of Chapter 3.
- (b) New South Wales hospital expenditure recorded against special purposes and trust funds is excluded. Other personal care staff are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.
- (c) Pathology services are purchased from a statewide pathology service rather than being provided by hospital employees.
- (d) South Australian *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*. *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*. Depreciation data are only reported for a subset of hospitals.
- (e) Tasmanian data for five small hospitals were not supplied. *Other personal care staff* are reported as part of *Domestic & other staff*.
- (f) *Interest payments* are not reported.
- .. Not applicable.
- n.a. Not available.

Table 3.6: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2003–04

Revenue source	NSW	Vic	Qld^(a)	WA	SA	Tas^(b)	ACT	NT	Total
Patient revenue	489,373	169,890	69,441	61,055	53,965	34,671	17,943	7,892	904,230
Recoveries	155,065	66,103	25,924	22,030	51	10,800	6,260	2,779	289,012
Other revenue ^(c)	96,086	229,008	66,898	24,712	14,374	11,270	4,321	32	446,701
Total revenue	740,524	465,001	162,263	107,797	68,390	56,741	28,524	10,703	1,639,943
Public acute hospitals	727,390	463,616	157,453	106,423	66,581	56,146	28,524	10,703	1,616,836
Psychiatric hospitals	13,134	1,385	4,810	1,374	1,809	595	..	..	23,107

(a) *Patient revenue* includes revenue for items such as pharmacy and ambulance, which may be considered to be *Recoveries*.

(b) Tasmanian data for 5 small hospitals were not supplied.

(c) Includes investment income, income from charities, bequests and accommodation provided to visitors.

.. Not applicable.

4 Hospital performance indicators

Introduction

This chapter presents information on performance indicators that relate to the provision of hospital services. Performance indicators are defined as statistics or other units of information which reflect, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

In 2001, the National Health Performance Committee (NHPC) developed a framework to report the performance of the Australian health system which has been adopted by Health Ministers. *Australian Hospital Statistics* uses this National Health Performance Framework to present performance indicator information.

This chapter describes the performance indicators presented in this chapter and elsewhere in this report, within the context of the framework. A substantial proportion of the performance indicator information in this report is included in this chapter, however, some is included elsewhere, for example for emergency department waiting times (Chapter 5) and elective surgery waiting times (Chapter 6).

The performance indicators presented in this chapter include cost per casemix-adjusted separation, average salary expenditure, hospital accreditation, separation rates for selected procedures, separation rates for selected potentially preventable hospitalisations, average lengths of stay for a selection of AR-DRGs, relative stay indexes and separations with adverse events.

The National Health Performance Framework

The NHPC describes the framework as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. It has three tiers: 'Health status and outcomes', 'Determinants of health' and 'Health system performance'. Questions are posed for each tier and a number of dimensions have been identified within each. The dimensions can guide the development and selection of performance indicators such that the indicators can be used together to answer each tier's questions. Sometimes, single indicators can provide information in several dimensions of the framework.

The third tier is the most directly relevant to assessment of the provision of hospital and other health care services. It has been organised into nine dimensions: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable. The questions asked for this tier are: 'How well is the health system performing in delivering quality health actions to improve the health of all Australians?' and 'Is it the same for everyone?' The latter question underlines the focus throughout the framework on equity.

Table 4.A presents the third tier from the National Health Performance Framework (NHPC 2001). Further information on the Framework is included in Chapter 4 of *Australian Hospital Statistics 2000-01* (AIHW 2002).

Table 4.A: The National Health Performance Framework, Tier 3

Health system performance <i>How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?</i>		
<i>Effective</i>	<i>Appropriate</i>	<i>Efficient</i>
Care, intervention or action achieves desired outcome.	Care/intervention/action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost-effective use of resources.
<i>Responsive</i>	<i>Accessible</i>	<i>Safe</i>
Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
<i>Continuous</i>	<i>Capable</i>	<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPF 2001.

Performance indicators in this report

Table 4.B presents performance indicator information that is in this report (both in this chapter and elsewhere) for the National Health Performance Framework Tier 3 dimensions. Further information relevant to the interpretation of these performance indicator data is in the text and footnotes accompanying the tables. Further discussion of how these performance indicators fit into the National Health Performance Framework is presented in *Australian Hospital Statistics 2002–03* (AIHW 2004a).

Table 4.B: Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Effective			
4.8, 4.9, 4.10	Separation rates for selected potentially preventable hospitalisations	Primary care, Population Health	Presented by state and territory of usual residence of the patient (Table 4.8), Remoteness Area of usual residence (Table 4.9) and quintile of socioeconomic advantage/disadvantage (Table 4.10)
No indicators available for acute care			
Appropriate			
2.4	Separation rates	Acute care	Presented by state and territory of hospitalisation, and for the public and private sectors
7.2	Separation rates	Acute care	Presented by state and territory of hospitalisation, by admitted patient election status and funding source and for the public and private sectors

Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
8.7, 8.8	Separation rates	Acute care	Presented by state and territory of hospital, hospital sector and Indigenous status
8.11, 8.12, 8.13	Separation rates	Acute care	Presented by state and territory of usual residence of the patient (Table 8.11), Remoteness Area of usual residence (Table 8.12) and quintile of socioeconomic advantage/disadvantage (Table 8.13) for the public and private sectors
4.5, 4.6, 4.7	Separation rates for selected procedures	Acute care	Presented by state and territory of usual residence of the patient (Table 4.5), Remoteness Area of usual residence (Table 4.6) and quintile of socioeconomic advantage/disadvantage (Table 4.7)
Efficient			
4.1, 4.2	Cost per casemix-adjusted separation	Acute care	Presented by state and territory of hospital (Table 4.1), and by public hospital peer group (Table 4.2)
4.1, 4.2, 4.12, 4.13, 12.1, 12.2	Relative stay index	Acute care	Presented by state and territory of hospital (Table 4.1), by public hospital peer group (Tables 4.2) and, for the public and private sectors, by admitted patient election status and funding source (Tables 4.15, 4.16), and by MDC (Tables 12.1, 12.2)
4.3	Average salary by staffing category	Acute care	Presented by state and territory of hospital
4.11	Average length of stay for a selection of AR-DRGs	Acute care	Presented by state and territory of hospital, and for the public and private sectors
Responsive			
5.4	Emergency department waiting times (proportions waiting longer than clinically desirable)	Acute care	Presented by state and territory of hospital and by public hospital peer group
Accessible			
6.1, 6.2, 6.4, 6.5	Waiting times for elective surgery (times waited at the 50th and 90th percentiles) Tables based on information on the patient's area of usual residence included in other dimensions also relate to accessibility. These include the selected procedures and selected potentially preventable hospitalisations tables (Tables 4.5 to 4.10 and 8.11 to 8.13)	Acute care	Presented as a time series (Table 6.1), by state and territory of hospital, and by public hospital peer group (Table 6.2), by surgical specialty (Table 6.4) and by indicator procedure (Table 6.5)
Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Safe			
4.14	Separations with adverse events	Acute care	Presented for the public and private sectors

(continued)

Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension

Continuous			
7.12, 7.13	Separations with non-acute care, by mode of separation, age group, sex and patient election status.	Continuing care	Presented by patient election status (Table 7.12) and age group and sex (Table 7.13).
No indicators available for acute care			
Capable			
4.4	Accreditation of hospitals and beds	Acute care	Presented by state and territory of hospital, and for the public and private sectors
Sustainable			
No indicators available for acute care			

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. It has been published in *Australian Hospital Statistics* since the 1996–97 reference year, and included within frameworks of indicators by the National Health Ministers’ Benchmarking Working Group (NHMBWG 1999), the Steering Committee for the Review of Government Services (SCRGSP 2005) and the NHPC (NHPC 2004). It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient’s clinical condition and for the hospital services provided. Details of the methods used in this analysis are presented in Appendix 3 of this report and in more detail in *Australian Hospital Statistics 1999–00* (AIHW 2001a).

The calculation of these figures is sensitive to a number of deficiencies in available data. In particular:

- the proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable;
- capital costs (including depreciation) are not included in numerators (see Table 3.5 for available data on depreciation, and Appendix 3 for SCRGSP estimates of cost per casemix-adjusted separation including capital costs);
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3% that were not acute (Appendix 3 includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for New South Wales, Victoria, Western Australia, South Australia Tasmania and the Northern Territory);
- the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error; and
- the 2002–03 AR-DRG version 4.2 cost weights (DoHA 2004) were used for this report as 2003–04 AR-DRG cost weights were not available at the time of publication and version 5 cost weights were not prepared for 2002–03.

The scope of the analysis is hospitals that mainly provide acute care. These are the hospitals in the public hospital peer groups of *Principal referral and specialist women’s and children’s*

hospitals, Large hospitals, Medium hospitals and Small acute hospitals (see Appendix 4). Excluded are *Small non-acute hospitals, Multi-purpose services, Hospices, Rehabilitation hospitals, Mothercraft hospitals, Other non-acute hospitals, Psychiatric hospitals*, and hospitals in the *Unpeered and other hospitals* peer group. Also excluded are hospitals for which expenditure data were incomplete. Hospitals subject to atypical events such as being opened or closed mid-year are also usually excluded but there were no such hospitals this year. This scope restriction improves the comparability of data among the jurisdictions and increases the accuracy of the analysis. Hospitals included accounted for 95.4% of separations in public acute and psychiatric hospitals in 2003–04, and 90.8% of recurrent expenditure.

A small number of hospitals can be classified to peer groups included in the analysis in some years, but to other peer groups excluded from the analysis in other years; this mainly applies to the *Small hospitals* and non-acute peer groups. This is because the peer grouping is largely based on hospital activity which can change from year to year.

As noted in Chapter 3 the average costs reported here are based on expenditure by public hospitals in a state or territory and do not necessarily include state government contracted services with private hospitals or allow for the source of funds.

Table 4.1 shows the cost per casemix-adjusted separation for the states and territories for 2003–04. At the national level, the average cost per casemix-adjusted separation was \$3,293. A large portion of the costs was attributed to non-medical salaries and medical labour costs; nationally these costs were \$1,727 and \$627 respectively, per casemix-adjusted separation.

The cost per casemix-adjusted separation data should be interpreted taking into consideration other factors, such as costs incurred that are beyond the control of a jurisdiction. For example, the Northern Territory has high staffing and transport costs, and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions. Because of factors such as these, cost disabilities associated with providing the same level and standard of hospital services available elsewhere in Australia have been recognised by the Commonwealth Grants Commission.

Public hospital peer groups

Public hospital peer groups have been developed for presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow. The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their level of admitted patient activity, and their geographical location.

For 2003–04, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's hospitals* group. They accounted for 66.6% of public acute and psychiatric hospital expenditure and 65.6% of separations (Table 4.2). The cost per casemix-adjusted separation for this group was \$3,329, which is 1.1% higher than the overall average cost (\$3,293) for the hospitals in scope for this analysis.

Table 4.2 also presents a range of other statistics about the peer groups for each state and territory, such as the number of hospitals in each, average length of stay, relative stay index (see below and in Appendix 3). The average number of AR-DRGs with 5 or more acute separations reported for each hospital is also presented; it provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

For *Principal referral and specialist women's and children's hospitals*, the cost per casemix-adjusted separation varied among the jurisdictions, for example, from \$3,014 in South Australia to \$3,547 in New South Wales.

Average salary expenditure

Average salaries paid to public hospital full-time equivalent staff by states and territories are presented in Table 4.3 as indicators of efficiency. New South Wales and Victoria do not report staffing numbers and salaries separately for registered nurses and enrolled nurses, so average salaries are presented for nurses as a single group. Their comparability may be affected by the relative proportions of registered and enrolled nurses among the jurisdictions.

The average salary for full-time equivalent *Nurses* in 2003–04 was \$61,969 nationally, an increase of 4.5% on the average salary of \$59,298 in 2002–03 (AIHW 2004a). The average salary for full-time equivalent *Salaried medical officers* was \$120,627, a 5.7% increase over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for *Nurses* ranged from \$56,202 in Tasmania to \$65,284 in the New South Wales. For *Salaried medical officers*, they ranged from \$102,624 in Tasmania to \$138,997 in Western Australia. The relatively high average salaries for Victoria may partly be the result of under-reporting of full-time equivalent staff (see Chapter 3).

Some states and territories were not able to provide data separately for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. Thus, some of the variation in average salaries reported for these categories is likely to be a result of different reporting practices. The variations in the averages are also affected by different practices in 'outsourcing' services, for example for domestic and catering functions. The degree of outsourcing of higher-paid versus lower-paid staffing functions will be a factor that affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors would tend to result in higher average salaries for the domestic service staff.

Hospital accreditation

Hospital accreditation has been identified as an indicator of capability within the National Health Performance Framework. Table 4.4 includes accreditation through any body including the Australian Council on Healthcare Standards EquIP, Australian Quality Council (now known as Business Excellence Australia) and the Quality Improvement Council, and hospitals certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family. For private hospitals, the data have been sourced from the ABS's Private Health Establishments Collection for 2002–03 and also relate to accreditation by any body. Accreditation at any point in time does not assume a fixed or continuing status as accredited.

The comparability of the accreditation data among the states and territories is limited because of the voluntary nature of participation in the award schemes for hospitals in some jurisdictions.

For Australia as a whole, 637 public hospitals with 49,728 public hospital beds (93% of the total) were known to be accredited at 30 June 2003–04 (Table 4.4). These hospitals delivered 95% of both separations and patient days. The proportion of public hospital patient days in accredited hospitals varied from 100% in the Australian Capital Territory and Victoria to 76% in Western Australia.

A total of 381 private hospitals and 24,486 private hospital beds (74% of hospitals but 94% of the beds) were accredited in 2002–03.

Separation rates for selected procedures

Separation rates for 'selected' procedures have been identified as indicators of appropriateness. However, several may also be indicators of accessibility, as noted above, or of the performance of the primary care sector.

Most of the procedures were originally selected as indicators of appropriateness by the NHMBWG because of the frequency with which they are undertaken, because they are often elective and discretionary, and because there are sometimes treatment alternatives available (NHMBWG 1998). ICD-10-AM codes used to define the procedures are listed in Appendix 3.

As for other separation rates, these data should be interpreted with caution, as they would reflect not only hospital system performance, but also variation in underlying needs for hospitalisation, variation in admission and data recording practices, and variation in the availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (as noted in Appendix 4). This may result in underestimation of separation rates for some of the diagnoses and procedures, particularly those more common for private hospitals. The separation rates are age-standardised, however, to take into account the different age structures of the populations of the states and territories.

Information on public patients in Tables 4.5, 4.6 and 4.7 relate to separations for which the patient election status was reported as public (see Chapter 7). For example, the proportion of separations for public patients who had an *Appendicectomy* was 65% nationally, ranging from 58% for Queensland to 79% for Northern Territory.

Table 4.5 presents age-standardised separation rates for each procedure for the state or territory of usual residence of the patient, accompanied by the standardised separation rate ratio (SRR) against the national total. If the SRR is greater than 1 then the rate for the state was higher than the national average and vice versa. Also included is the 95% confidence interval of the SRR which shows the range of values which the SRR could be expected to fall within due to chance. If the confidence interval includes 1 then a difference between jurisdictions is considered less likely (see Appendix 3).

For example, the separation rate for *Knee replacement* for residents of South Australia was 1.40 separations per 1,000 population. The SRR was 1.02 with a 95% confidence interval of 0.98–1.06, indicating that the difference was not statistically significant. The separation rate for the Australian Capital Territory was 1.90 per 1,000 population, with a SRR of 1.39 and the 95% confidence interval of 1.27–1.51, indicating the difference was statistically significant.

Table 4.6 presents similar statistics by the Remoteness Area of usual residence of the patient. For example, the rate for *Hip replacement* for residents of major cities was 1.34 separations per 1,000 population. The SRR was 0.96 and the 95% confidence interval was 0.95–0.97 indicating a statistically significant difference.

Table 4.7 presents these data by quintile of socio-economic advantage/disadvantage using the ABS's Socio-Economic Indexes For Areas 2001 (termed SEIFA 2001 (ABS 2004b)) Index of Socio-Economic Disadvantage/ Advantage of the statistical local area of the patient's usual residence (see Appendix 3). The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the *Most advantaged* quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage. For all of the selected procedures, the *Most advantaged* quintiles had lower proportions of public patients than the *Most disadvantaged* quintiles.

The relationship between the quintile of socio-economic advantage/disadvantage and the hospital separation rate varied between procedures so for example *Hysterectomies* were more frequent in the *Most disadvantaged* quintile, with an SRR of 1.1, while *Myringotomies* were most common in the *most advantaged* quintile, with an SRR of 1.1. While those in the *most disadvantaged* quintile had more *Coronary artery bypass grafts* than the *most advantaged* quintile, they had fewer *Coronary angioplasties*.

The number of caesarean sections is dependent on the birth rate as well as the population so the population rate is less meaningful. The number of in-hospital births has therefore been included in the tables, and the number of caesarean sections reported for separations for which in-hospital birth was reported. Comparability is, however, still complicated by potential under-identification of in-hospital births in this analysis, variation in numbers of non-hospital births, and in the age at which the mothers are giving birth. The *Most advantaged* quintile (33.2 caesarean sections per 100 births in Table 4.7), residents of major cities (29.9 caesarean sections per 100 births in Table 4.6) and residents of Western Australia (32.3 per 100 births in Table 4.5) had the highest rates on this basis.

The national rate of caesarean sections per 100 in-hospital births increased from 22.7 to 29.1 between 1999–00 and 2003–04.

Separation rates for selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisation may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive – there are other hospital admissions which may be preventable for example, through means other than non-hospital health care services.

Three broad categories for PPHs have been used in this chapter. These have been sourced from *The Victorian Ambulatory Care Sensitive Conditions Study* (Department of Human Services Victoria 2002).

- **Vaccine-preventable.** Diseases that can be prevented with proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.

- **Acute.** These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) had been received. These include complicated appendicitis, dehydration/ gastroenteritis, pyelonephritis, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections and dental conditions.
- **Chronic.** The conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital care) to prevent deterioration and hospitalisation. These conditions include diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

The analysis has been altered since these statistics were reported in *Australian Hospital Statistics 2002–03*:

- For *Diabetes complications*, additional diagnoses of diabetes are now included only if the principal diagnosis is known to be a complication of diabetes (see Appendix 3). In previous analyses all separations with additional diagnoses of diabetes were included. This was despite the fact that, for example, if the principal diagnosis is a fracture, an additional diagnosis of diabetes was unlikely to indicate that the fracture was a complication of diabetes. In addition, codes for diabetes without mention of complication are now included when previously they were not.
- The appendicitis category has been limited to K35.0 *Acute appendicitis with generalised peritonitis* rather than including all appendicitis. This is because appendicitis is not potentially preventable; however, appendicitis with generalised peritonitis would be.
- *Rheumatic heart disease* (I00–I09) has been included as a chronic PPH. While this code range includes *Acute rheumatic fever* (I00–I02), those codes have been included as there were not sufficient numbers of *Acute rheumatic fever* separations to justify a separate category.

A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Appendix 3.

Tables 4.8, 4.9 and 4.10 present the number of separations, the proportion of residents treated in hospitals outside their state of residence and the age-standardised separation rates for each PPH condition for the state or territory (Table 4.8) or Remoteness Area of usual residence of the patient (Table 4.9) or the quintile of socioeconomic advantage/disadvantage (Table 4.10; see also Appendix 3). These tables also include the SRR against the national total as well as the 95% confidence interval of the SRR. Statistics are presented for the total PPH rate, the rates for each of the three broad PPH categories as well as individual conditions, as presented in the original Victorian study.

There were 620,466, selected potentially preventable hospitalisations in Australia in 2003–04, 9.1% of all separations, which translates to a rate of 30.5 per 1,000 population. The rates ranged from 20.1 per 1,000 population in the Australian Capital Territory to 47.7 per 1,000 population in the Northern Territory. The separation rate for *Vaccine-preventable* PPHs in the Northern Territory was 2.6 times the national rate, and the separation rate for the Australian Capital Territory was 0.6 times the national rate.

The rate for *Chronic obstructive pulmonary disease* for residents of Western Australia was 2.80 separations per 1,000 population. The SRR was 1.00 and the 95% confidence interval was 0.97–1.03, indicating that the difference was not statistically significant. The separation rate for the Northern Territory was 6.24 per 1,000 population, with an SRR of 2.23 and a 95%

confidence interval of 2.07–2.39, indicating the difference was statistically significant (Table 4.8).

Table 4.9 highlights that separation rates were higher for the more remote areas for most PPHs. For example, the separation rate for *Diabetes complications* in major cities was 7.3 per 1,000 population, 8.7 for inner regional, 11.1 for outer regional, 21.3 for remote and 17.8 for very remote.

Table 4.10 presents these data by quintile of socioeconomic advantage/disadvantage using the SEIFA 2001 Index of Socio-Economic Advantage/Disadvantage (ABS 2004b) of the statistical local area of the patient's usual residence (see Appendix 3). The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the *Most advantaged* quintile represents the areas containing the 20% of the population with the most advantage /least disadvantage.

For most PPHs the *Most disadvantaged* quintile has around one and a half times the hospital separation rate of the *Most advantaged* quintile, with the ratio of *Most disadvantaged* to *Most advantaged* being 1.7 for the total of all PPHs. The PPH categories for which this did not hold were *Other vaccine preventable diseases*, *Appendicitis with generalised peritonitis* and *Iron deficiency anaemia*. The *Other vaccine preventable diseases* are predominantly diseases most usually associated with childhood vaccination. For that group the *Most advantaged* quintile had higher rates of hospitalisation than the *Most disadvantaged* quintiles.

Average lengths of stay for 20 selected AR-DRGs

The average length of stay for 20 selected AR-DRGs has been identified as an indicator of efficiency. The selected AR-DRGs (Table 4.11) were chosen on the basis of:

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

In addition, only non-complication and/or comorbidity (non-CC) AR-DRGs were chosen from groups of adjacent AR-DRGs because AR-DRGs with CCs may be relatively less homogeneous, as they potentially include a range of complications and/or comorbidities.

These data are not equivalent to the data presented in the tables in Chapter 12 as separations with lengths of stay over 120 days are excluded, or the predecessor table in *Australian Hospital Statistics 2000–01* on the top 10 DRGs, as same day separations are included.

The average length of stay of the chosen AR-DRGs ranged from 14.1 days for U63B *Major affective disorders age<70 W/O catastrophic or severe CC* to 1.5 days for G09Z *Inguinal and femoral hernia procedures age>0*. The average length of stay for E62C, *Respiratory infection or inflammations without complications*, was 3.8 days for all hospitals in Australia, 3.5 days for public hospitals and 5.3 days for private hospitals. There was some variation between states

and territories with Queensland hospitals reporting an average length of stay of 3.7 days overall and Western Australian hospitals 3.9 days.

Relative stay indexes

Relative stay indexes (RSIs) have been identified as indicators of efficiency. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures) standardised for casemix. The adjustment for casemix (based on the AR-DRG and age of the patient for each separation) allows variation in types of services provided to be taken into account, but does not take into account other influences on length of stay, such as Indigenous status.

An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected.

This publication uses two methods of standardisation. The method used in most tables (Tables 4.1, 4.2 and 4.12, and part of Tables 2.3 and 4.13) is an indirect standardisation method, where the total observed length of stay is divided by the total expected length of stay. Technically an indirectly standardised rate compares a group with a standard population. The indirectly standardised rates of different groups are not strictly comparable as the different groups have different casemixes.

In addition to the indirect method, Tables 2.3 and 4.13 presents a directly standardised RSI. The direct method weights the separations of the group of hospitals to reflect the total casemix of Australia before calculating the ratio, thereby weighting the casemix of the groups of hospitals to a comparable basis. However, the direct standardisation method is not very suitable for groups of hospitals for which a limited range of AR-DRGs is reported, as the weighting of separations for AR-DRGs that are not reported (or are reported in small numbers) is subject to error. Therefore, presentation of the directly standardised method in the public sector in the Northern Territory has been suppressed (in addition to the usual suppression of private sector data). In the Northern Territory, fewer than 600 of the 639 AR-DRGs used in the national RSI analysis are represented so the RSIs may be affected by estimation of the data for missing AR-DRGs. More detail on these methods is included in Appendix 3, with a description of the number of AR-DRGs represented in each cell in Table 4.13.

Tables 4.1 and 4.2 present RSI information for public hospitals, using the indirect method and public hospital data to calculate expected lengths of stay. For the hospitals included in the cost per casemix-adjusted separation analysis, the RSI was 0.99 overall, and ranged from 1.19 in the Northern Territory to 0.94 in Queensland and Victoria (Table 4.1).

Tables 4.12 and 4.13 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals was 1.04 indirectly standardised and 1.10 directly standardised and the RSI for public hospitals was 0.98 indirectly standardised and 0.99 directly standardised (Table 4.13). According to this measure, the lower directly standardised RSI in the public sector indicates relatively shorter lengths of stay compared to the private sector.

Table 4.13 also presents RSI information for the medical, surgical and other categories of AR-DRGs (DoHA 2002). In the public sector, the RSI for medical AR-DRGs was 0.96 (directly and indirectly standardised), while the RSI for surgical AR-DRGs was 1.03 (indirectly and

directly standardised). In the private sector, the RSI for medical AR-DRGs was 1.14 indirectly standardised and 1.17 directly standardised, while the RSI for surgical AR-DRGs was 0.97 indirectly standardised and 0.96 directly standardised.

Separations with adverse events

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls and other injuries, and medication and medical device problems, some of which may be preventable. Hospital separations can be used to indicate the occurrence of adverse events as they include information on ICD-10-AM diagnoses, places of occurrence and external causes of injury and poisoning that indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other ICD-10-AM codes may also indicate that an adverse event has occurred, and some adverse events are not identifiable using these codes. The data presented in the Table 4.14 can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals.

In 2003-04, there were 319,321 separations (70% in public hospitals) with an ICD-10-AM code for an adverse event, 4.7 per 100 separations. There were 224,794 separations in the public sector (5.4 per 100 separations) and 94,527 separations in the private sector (3.6 per 100 separations). However the data for public hospitals are not comparable with the data for private hospitals because their casemix and recording practices may be different.

Procedures causing abnormal reactions/complications (Y83-Y84) were reported for 206,231 separations, 83,022 separations were reported with Adverse effects of drugs, medicaments and biological substances (Y40-Y59) and 63,158 separations were reported with Complications of internal prosthetic devices, implants and graft (T82-T85).

Table 4.1: Cost^(a) per casemix-adjusted separation^(b) and selected other statistics, selected public acute hospitals^(c), states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(d)	Total
Total separations ('000) ^(b)	1,258	1,160	688	331	353	78	69	70	4,008
Acute separations ('000) ^(b)	1,232	1,121	665	326	343	77	67	69	3,900
Proportion of separations not acute (%)	2.1	3.3	3.4	1.6	2.9	1.7	2.5	1.3	2.7
Average cost weight ^(e)	1.07	0.96	1.00	1.00	1.01	1.05	0.97	0.75	1.01
Casemix-adjusted separations ('000) ^(f)	1,349	1,118	690	331	357	81	67	53	4,047
Total admitted patient days ('000) ^(b)	4,743	4,044	2,299	1,145	1,196	305	235	214	14,182
Admitted patient days for acute patients ('000) ^(b)	4,331	3,253	1,992	1,028	1,062	265	204	204	12,340
Proportion of bed days not acute (%)	8.7	19.6	13.4	10.2	11.2	13.0	13.2	4.4	13.0
Total recurrent expenditure (\$m)	6,400	5,117	2,755	1,592	1,362	370	349	243	18,187
Inpatient fraction ^(g)	0.70	0.71	0.72	0.70	0.77	0.71	0.75	0.73	0.71
Total admitted patient recurrent expenditure (\$m)	4,454	3,630	1,990	1,109	1,048	264	260	177	12,933
Public patient day proportion ^(h)	0.79	0.86	0.91	0.89	0.84	0.83	0.88	0.95	0.85
Newborn episodes with no qualified days ('000)	52	36	29	13	9	2	3	2	146
Relative stay index ⁽ⁱ⁾	1.04	0.94	0.94	1.02	0.96	1.00	1.05	1.19	0.99
Average cost data for selected hospitals									
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	915	916	785	874	801	790	1,007	844	878
Diagnostic/allied health ⁽ⁱ⁾	235	292	185	230	185	177	202	224	236
Administrative	262	243	194	258	225	171	293	275	241
Other staff	186	155	240	242	119	354	144	290	189
Superannuation	182	189	177	190	157	203	252	173	183
<i>Total non-medical labour costs</i>	<i>1,780</i>	<i>1,795</i>	<i>1,580</i>	<i>1,794</i>	<i>1,488</i>	<i>1,695</i>	<i>1,897</i>	<i>1,806</i>	<i>1,727</i>
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	78	74	86	119	82	97	155	132	84
Repairs/maintenance	79	65	66	83	96	140	97	73	76
Medical supplies ⁽ⁱ⁾	314	277	322	267	195	335	349	231	291
Drug supplies	178	169	169	203	155	149	131	187	173
Food supplies	45	35	25	24	19	38	39	31	34
Administration	178	235	164	150	89	191	259	188	183
Other	93	74	25	74	307	172	236	241	98
<i>Total other recurrent costs</i>	<i>965</i>	<i>929</i>	<i>856</i>	<i>920</i>	<i>942</i>	<i>1,122</i>	<i>1,266</i>	<i>1,082</i>	<i>940</i>
Total excluding medical labour costs	2,745	2,724	2,436	2,714	2,430	2,818	3,164	2,889	2,666

(continued)

Table 4.1 (continued): Cost^(a) per casemix-adjusted separation^(b) and selected other statistics, selected public acute hospitals^(c), states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(d)	Total
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	378	446	384	506	373	325	474	443	409
VMO payments	179	78	63	127	134	104	260	23	121
Private patients (estimated) ^(k)	148	85	46	76	99	87	104	23	97
Total medical labour costs	706	609	494	708	605	516	838	488	627
Total cost per casemix-adjusted separation^(a)	3,451	3,333	2,929	3,422	3,036	3,333	4,002	3,377	3,293

(a) Expenditure data exclude depreciation.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(c) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 3 for further information.

(d) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text).

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2002–03 AR-DRG v 4.2 cost weights (DoHA 2004). Updated versions of this table based on 2003–04 cost weights will be provided on the website when available.

(f) *Casemix-adjusted separations* is the product of *Total separations* and *Average cost weight*.

(g) Of the selected hospitals, two small hospitals have had their IFRAC estimated by the HASAC ratio.

(h) Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days. Public patients defined by patient election status equal to *public*.

(i) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(j) Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees resulting in higher medical supplies costs and lower diagnostic staff costs.

(k) Estimated private patient medical costs calculated as the sum of salary/sessional and VMO payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients, including those self funded and those funded by private health insurance, compensation and the Department of Veterans' Affairs.

Table 4.2: Cost^(a) per casemix-adjusted separation^(b) and selected other statistics, by public hospital peer group^(c), states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral: major cities (>20,000 acute weighted separations) & regional (>16,000 acute weighted separations)									
Number of hospitals	17	15	13	3	4	2	1	2	57
Average beds per hospital	446	558	405	529	393	392	498	230	458
Separations per hospital	38,329	57,872	36,388	55,538	50,419	33,837	51,499	29,776	44,557
AR-DRGs (5+) per hospital ^(d)	487	479	430	525	486	496	548	385	472
Total expenditure (\$'000) ^(a)	3,675,642	3,953,687	2,012,076	n.p.	n.p.	300,895	n.p.	203,649	12,089,711
Average cost weight ^(e)	1.14	0.99	1.05	1.08	1.08	1.05	0.97	0.77	1.05
Relative stay index ^(f)	1.07	0.93	0.96	n.p.	n.p.	0.97	n.p.	1.19	0.99
Cost per separation	3,856	3,165	3,150	n.p.	n.p.	3,273	n.p.	2,588	3,356
Cost per patient day	992	856	893	n.p.	n.p.	859	n.p.	832	915
Cost per casemix-adjusted sep.	3,536	3,276	3,030	n.p.	n.p.	3,216	n.p.	3,365	3,283
Specialist women's & children's (>10,000 acute weighted separations)									
Number of hospitals	3	1	3	1	1	0	0	0	9
Average beds per hospital	172	479	138	421	312	..	..	..	238
Separations per hospital	17,303	59,239	13,446	33,077	30,972	..	..	..	23,948
AR-DRGs (5+) per hospital ^(d)	229	416	184	356	311	..	..	..	258
Total expenditure (\$'000) ^(a)	333,365	n.p.	194,814	n.p.	n.p.	..	..	..	1,246,568
Average cost weight ^(e)	1.19	1.15	1.08	1.23	1.03	..	..	..	1.14
Relative stay index ^(f)	1.06	n.p.	0.89	n.p.	n.p.	..	..	..	1.00
Cost per separation	4,074	n.p.	3,743	n.p.	n.p.	..	..	..	4,225
Cost per patient day	1,301	n.p.	1,482	n.p.	n.p.	..	..	..	1,418
Cost per casemix-adjusted sep.	3,729	n.p.	3,530	n.p.	n.p.	..	..	..	3,853
Total Principal referral and specialist women's & children's hospitals									
Number of hospitals	20	16	16	4	5	2	1	2	66
Average beds per hospital	405	553	355	502	377	392	498	230	428
Separations per hospital	35,175	57,958	32,086	49,923	46,529	33,837	51,499	29,776	41,747
AR-DRGs (5+) per hospital ^(d)	448	475	384	483	451	496	548	385	443
Total expenditure (\$'000) ^(a)	4,009,007	4,279,544	2,206,890	1,085,965	983,035	300,895	n.p.	203,649	13,336,278
Average cost weight ^(e)	1.15	1.00	1.06	1.11	1.07	1.05	0.97	0.77	1.06
Relative stay index ^(f)	1.07	0.93	0.95	1.03	0.96	0.97	n.p.	1.19	0.99
Cost per separation	3,872	3,280	3,197	3,595	3,165	3,273	n.p.	2,588	3,424
Cost per patient day	1,011	902	927	1,003	943	859	n.p.	832	948
Cost per casemix-adjusted sep.	3,547	3,360	3,070	3,328	3,014	3,216	n.p.	3,365	3,329
Large major cities (>10,000 acute weighted separations)									
Number of hospitals	14	2	2	1	2	0	1	0	22
Average beds per hospital	194	81	140	110	210	..	175	..	176
Separations per hospital	15,079	16,293	13,955	17,852	17,178	..	17,530	..	15,515
AR-DRGs (5+) per hospital ^(d)	319	129	265	262	325	..	336	..	295
Total expenditure (\$'000) ^(a)	1,009,608	158,633	93,071	n.p.	146,399	..	n.p.	..	1,539,446
Average cost weight ^(e)	1.03	0.87	1.05	0.64	1.10	..	0.97	..	1.00
Relative stay index ^(f)	1.00	0.80	0.84	n.p.	0.93	..	n.p.	..	0.97
Cost per separation	3,270	2,408	2,137	n.p.	3,293	..	n.p.	..	3,059
Cost per patient day	832	1,291	673	n.p.	713	..	n.p.	..	839
Cost per casemix-adjusted sep.	3,291	2,942	2,062	n.p.	3,226	..	n.p.	..	3,182
Large regional (>8,000 acute weighted separations) & remote (>5,000 acute weighted separations)									
Number of hospitals	8	6	5	3	0	1	0	0	23
Average beds per hospital	149	124	123	105	..	131	..	..	130
Separations per hospital	12,857	13,733	13,285	10,772	..	7,596	..	..	12,678
AR-DRGs (5+) per hospital ^(d)	328	301	279	271	..	260	..	..	300
Total expenditure (\$'000) ^(a)	434,994	290,184	203,016	n.p.	..	n.p.	..	..	1,088,508
Average cost weight ^(e)	1.05	0.86	0.86	0.88	..	1.12	..	..	0.94
Relative stay index ^(f)	0.98	0.95	0.86	n.p.	..	n.p.	..	..	0.95
Cost per separation	3,275	2,615	2,123	n.p.	..	n.p.	..	..	2,798
Cost per patient day	911	858	771	n.p.	..	n.p.	..	..	878
Cost per casemix-adjusted sep.	3,234	3,116	2,499	n.p.	..	n.p.	..	..	3,069
Total Large hospitals									
Number of hospitals	22	8	7	4	2	1	1	0	45
Average beds per hospital	178	113	128	107	210	131	175	..	152
Separations per hospital	14,271	14,373	13,476	12,542	17,178	7,596	17,530	..	14,065
AR-DRGs (5+) per hospital ^(d)	322	258	275	269	325	260	336	..	298
Total expenditure (\$'000) ^(a)	1,444,602	448,817	296,087	155,416	146,399	n.p.	n.p.	..	2,627,954
Average cost weight ^(e)	1.04	0.86	0.91	0.80	1.10	1.12	0.97	..	0.97
Relative stay index ^(f)	0.99	0.92	0.86	0.97	0.93	n.p.	n.p.	..	0.96
Cost per separation	3,272	2,556	2,127	2,531	3,293	n.p.	n.p.	..	2,939
Cost per patient day	856	942	739	922	713	n.p.	n.p.	..	856
Cost per casemix-adjusted sep.	3,272	3,056	2,360	3,251	3,226	n.p.	n.p.	..	3,132

(continued)

Table 4.2 (continued): Cost^(a) per casemix-adjusted separation^(b) and selected other statistics, by public hospital peer group^(c), states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Medium (major cities 5,000 to 10,000 and regional 5,000 to 8,000 acute weighted separations)									
Number of hospitals	18	4	1	5	4	0	0	0	32
Average beds per hospital	89	76	90	121	77	..	..	..	91
Separations per hospital	7,092	8,110	7,127	8,412	8,952	..	..	..	7,659
AR-DRGs (5+) per hospital ^(d)	206	230	217	194	222	..	..	..	210
Total expenditure (\$'000) ^(a)	543,610	111,823	n.p.	174,531	107,548	..	..	..	959,055
Average cost weight ^(e)	0.98	0.84	0.87	0.91	0.75	..	..	..	0.91
Relative stay index ^(f)	0.99	0.91	n.p.	1.03	0.98	..	..	..	0.98
Cost per separation	3,122	2,523	n.p.	3,467	2,434	..	..	..	2,974
Cost per patient day	894	901	n.p.	832	918	..	..	..	880
Cost per casemix-adjusted sep.	3,312	3,093	n.p.	3,849	3,320	..	..	..	3,357
Medium (major cities and regional 2,000 acute or acute weighted to 5,000 acute weighted separations)									
Number of hospitals	23	17	14	4	9	0	0	0	67
Average beds per hospital	44	43	55	47	45	..	..	..	46
Separations per hospital	3,199	3,874	3,397	3,247	3,502	..	..	..	3,455
AR-DRGs (5+) per hospital ^(d)	135	131	134	123	148	..	..	..	135
Total expenditure (\$'000) ^(a)	255,806	198,535	128,716	41,979	81,069	..	..	..	706,105
Average cost weight ^(e)	0.80	0.74	0.77	0.82	0.86	..	..	..	0.79
Relative stay index ^(f)	1.04	1.02	0.96	1.02	0.93	..	..	..	1.00
Cost per separation	2,662	2,330	1,674	2,512	2,292	..	..	..	2,306
Cost per patient day	786	801	519	782	710	..	..	..	723
Cost per casemix-adjusted sep.	3,450	3,217	2,239	3,139	2,825	..	..	..	3,033
Total Medium hospitals									
Number of hospitals	41	21	15	9	13	0	0	0	99
Average beds per hospital	64	50	57	88	55	..	..	..	61
Separations per hospital	4,908	4,681	3,645	6,117	5,179	..	..	..	4,814
AR-DRGs (5+) per hospital ^(d)	166	150	139	162	171	..	..	..	159
Total expenditure (\$'000) ^(a)	799,416	310,358	150,258	216,511	188,617	..	..	..	1,665,160
Average cost weight ^(e)	0.92	0.78	0.79	0.89	0.80	..	..	..	0.85
Relative stay index ^(f)	1.01	0.98	0.95	1.03	0.96	..	..	..	0.99
Cost per separation	2,954	2,394	1,736	3,242	2,368	..	..	..	2,649
Cost per patient day	855	833	542	823	810	..	..	..	806
Cost per casemix-adjusted sep.	3,357	3,172	2,283	3,696	3,075	..	..	..	3,215
Small regional acute (<2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)									
Number of hospitals	30	18	16	2	11	4	0	0	81
Average beds per hospital	26	21	20	27	24	10	..	..	23
Separations per hospital	1,231	1,073	890	1,006	1,220	485	..	..	1,085
AR-DRGs (5+) per hospital ^(d)	65	52	48	58	69	22	..	..	57
Total expenditure (\$'000) ^(a)	135,351	78,442	42,748	7,745	29,429	n.p.	..	..	302,220
Average cost weight ^(e)	0.82	0.78	0.74	0.85	0.81	0.79	..	..	0.80
Relative stay index ^(f)	1.04	1.14	1.02	1.17	0.99	n.p.	..	..	1.06
Cost per separation	2,718	3,055	1,977	2,905	2,010	n.p.	..	..	2,572
Cost per patient day	695	770	586	687	613	n.p.	..	..	681
Cost per casemix-adjusted sep.	3,452	4,030	2,740	3,506	2,623	n.p.	..	..	3,345
Remote acute (<5,000 acute weighted separations)									
Number of hospitals	3	0	16	14	3	2	0	3	41
Average beds per hospital	23	..	23	27	28	8	..	37	25
Separations per hospital	944	..	725	1,740	1,807	295	..	3,522	1,350
AR-DRGs (5+) per hospital ^(d)	47	..	38	80	86	15	..	103	60
Total expenditure (\$'000) ^(a)	11,162	..	59,423	126,082	14,126	5,832	..	38,904	255,529
Average cost weight ^(e)	0.68	..	0.73	0.79	0.83	0.72	..	0.64	0.75
Relative stay index ^(f)	1.11	..	1.09	0.97	0.96	1.38	..	1.17	1.04
Cost per separation	2,746	..	2,158	3,288	2,242	3,754	..	2,197	2,718
Cost per patient day	841	..	727	1,206	756	860	..	822	958
Cost per casemix-adjusted sep.	4,148	..	2,996	4,204	2,824	5,235	..	3,458	3,694
Total Small acute hospitals									
Number of hospitals	33	18	32	16	14	6	0	3	122
Average beds per hospital	26	21	22	27	25	10	..	37	23
Separations per hospital	1,205	1,073	807	1,649	1,346	422	..	3,522	1,174
AR-DRGs (5+) per hospital ^(d)	64	52	43	77	72	19	..	103	58
Total expenditure (\$'000) ^(a)	146,512	78,442	102,171	133,828	43,554	14,338	..	38,904	557,749
Average cost weight ^(e)	0.81	0.78	0.74	0.80	0.82	0.77	..	0.64	0.78
Relative stay index ^(f)	1.04	1.14	1.05	0.99	0.98	1.39	..	1.17	1.05
Cost per separation	2,720	3,055	2,058	3,259	2,076	3,109	..	2,197	2,629
Cost per patient day	704	770	645	1,147	651	611	..	822	770
Cost per casemix-adjusted sep.	3,494	4,030	2,854	4,152	2,682	4,068	..	3,458	3,482

(continued)

Table 4.2 (continued): Cost^(a) per casemix-adjusted separation^(b) and selected other statistics, by public hospital peer group^(c), states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total hospitals in cost per casemix-adjusted separation analysis (Table 4.1)									
Number of hospitals	116	63	70	33	34	9	2	5	332
Average beds per hospital	133	177	116	111	99	108	337	114	133
Separations per hospital	10,849	18,411	9,832	10,039	10,387	8,644	34,515	14,023	12,072
AR-DRGs (5+) per hospital ^(d)	215	218	165	173	180	152	442	216	197
Total expenditure (\$'000) ^(a)	6,399,537	5,117,161	2,755,406	1,591,720	1,361,605	370,181	348,978	242,553	18,187,141
Average cost weight ^(e)	1.07	0.96	1.00	1.00	1.01	1.05	0.97	0.75	1.01
Relative stay index ^(f)	1.04	0.94	0.94	1.02	0.96	1.00	1.05	1.19	0.99
Cost per separation	3,539	3,130	2,892	3,348	2,968	3,399	3,769	2,529	3,227
Cost per patient day	939	898	866	969	876	866	1,106	830	912
Cost per casemix-adjusted sep.	3,451	3,333	2,929	3,422	3,036	3,333	4,002	3,377	3,293
Small non-acute (<2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)									
Number of hospitals	37	10	34	7	23	3	0	0	114
Average beds per hospital	27	28	22	25	30	18	..	..	26
Separations per hospital	624	710	653	894	596	555	..	..	649
Total expenditure (\$'000)	140,828	62,152	82,178	24,579	57,003	8,400	..	..	375,139
Average length of stay	11.0	11.4	6.3	8.0	10.9	7.9	..	..	9.3
Multi-purpose service									
Number of hospitals	18	7	9	37	4	2	0	0	77
Average beds per hospital	18	13	14	14	40	5	..	..	16
Separations per hospital	291	861	625	283	827	109	..	..	401
Total expenditure (\$'000)	46,174	31,536	23,436	69,108	15,082	4,805	..	..	190,141
Average length of stay	4.9	3.7	5.4	4.0	6.7	11.5	..	..	4.7
Hospice									
Number of hospitals	3	0	0	0	0	1	0	0	4
Average beds per hospital	64	..	..	..	..	10	..	..	51
Separations per hospital	832	..	..	..	..	203	..	..	675
Total expenditure (\$'000)	48,170	..	..	..	..	n.p.	..	..	52,022
Average length of stay	19.5	..	..	..	..	n.p.	..	..	19.1
Rehabilitation									
Number of hospitals	5	0	0	0	1	0	0	0	6
Average beds per hospital	44	..	..	..	150	..	..	..	61
Separations per hospital	502	..	..	..	1,238	..	..	..	625
Total expenditure (\$'000)	74,759	..	..	..	n.p.	..	..	..	99,768
Average length of stay	30.9	..	..	..	n.p.	..	..	..	32.3
Mothercraft									
Number of hospitals	3	3	1	..	1	0	1	0	9
Average beds per hospital	32	26	40	..	8	..	10	..	26
Separations per hospital	1,794	2,717	1,819	..	944	..	n.a.	..	1,811
Total expenditure (\$'000)	13,932	9,231	n.p.	..	n.p.	..	n.p.	..	28,969
Average length of stay	4.8	2.5	n.p.	..	n.p.	..	n.p.	..	3.4
Other non-acute									
Number of hospitals	12	2	0	7	0	0	0	0	21
Average beds per hospital	41	70	..	46	..	..	..	..	46
Separations per hospital	866	1,018	..	2,333	..	..	..	..	1,369
Total expenditure (\$'000)	107,099	30,831	..	92,924	..	..	..	..	230,853
Average length of stay	14.8	23.0	..	6.4	..	..	..	..	10.6
Total Non-acute									
Number of hospitals	78	22	44	51	29	6	1	0	231
Average beds per hospital	30	27	21	20	35	12	10	..	26
Separations per hospital	629	1,060	674	648	662	348	n.a.	..	677
Total expenditure (\$'000)	430,961	133,750	108,878	186,610	97,796	17,058	n.p.	..	976,893
Average length of stay	11.9	7.3	6.0	5.9	11.4	8.9	n.p.	..	8.7

(continued)

Table 4.2 (continued): Cost^(a) per casemix-adjusted separation^(b) and selected other statistics, by public hospital peer group^(c), states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatric^(g)									
Number of hospitals	10	1	4	1	1	3	0	0	20
Average beds per hospital	124	115	119	203	313	23	..	..	121
Separations per hospital	1,190	413	102	1,599	2,582	69	..	..	855
Total expenditure (\$'000)	230,550	n.p.	81,566	n.p.	n.p.	6,428	..	..	477,783
Average length of stay	29.0	n.p.	276.4	n.p.	n.p.	101.1	..	..	39.6
Unpeered and other acute (includes hospitals with fewer than 200 separations)									
Number of hospitals	27	7	60	8	10	6	0	0	118
Average beds per hospital	14	10	5	10	13	4	..	..	8
Separations per hospital	226	n.a.	46	162	413	92	..	..	158
Total expenditure (\$'000)	187,920	89,741	50,418	20,930	14,534	7,095	..	..	370,637
Cost per separation	8,566	n.a.	3,788	8,746	2,646	8,960	..	..	5,317
Cost per patient day	482	n.a.	376	1,171	463	811	..	..	524
Total									
Number of hospitals	231	93	178	93	74	24	3	5	701
Average beds per hospital	84	128	55	53	65	47	228	114	76
Hospital numbers reported in Table 2.2	231	144	178	93	80	27	3	5	761
Separations per hospital	5,738	12,769	4,051	3,949	5,123	3,360	23,010	14,023	5,992
Total expenditure (\$'000)	7,248,968	5,370,094	2,996,268	1,847,092	1,555,898	400,761	350,819	242,553	20,012,455
Cost per separation	3,769	3,174	2,993	3,547	3,248	3,559	3,769	2,529	3,376
Cost per patient day	864	885	824	917	801	818	1106	830	864
Teaching hospitals (excluding psychiatric)									
Number of hospitals	20	14	22	6	6	2	2	2	74
Average beds per hospital	359	539	293	399	354	392	337	230	373
Separations per hospital	31,557	57,637	25,768	36,122	41,504	33,837	34,515	29,776	36,040
AR-DRGs (5+) per hospital ^(b)	425	414	331	333	424	496	442	385	388
Total expenditure (\$'000)	3,775,342	3,757,031	2,435,811	1,192,068	1,069,212	300,895	348,978	203,649	13,082,986
Average cost weight ^(c)	1.16	1.01	1.05	1.08	1.08	1.05	0.97	0.77	1.06
Relative stay index ^(d)	1.08	0.93	0.95	1.06	0.96	0.97	1.05	1.19	0.99
Cost per separation	3,927	3,286	3,198	3,708	3,246	3,273	3,769	2,588	3,446
Cost per patient day	1,020	920	930	949	925	859	1,106	832	952
Cost per casemix-adjusted sep.	3,552	3,335	3,092	3,530	3,100	3,216	4,002	3,365	3,341

(a) Expenditure data exclude depreciation.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(c) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 3 for further information.

(d) The number of different AR-DRGs provided by a hospital for which there were at least 5 acute separations.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2002–03 AR-DRG v 4.2 cost weights (DoHA 2004). Updated versions of this table based on 2003–04 cost weights will be provided on the website when available.

(f) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(g) Psychiatric hospitals consist of a mix of short-term acute, long-term, psychogeriatric and forensic psychiatric hospitals.

n.p. Not published.

n.a. Not available.

.. Not applicable.

Table 4.3: Average salary (\$) of full time equivalent staff^(a), public acute and psychiatric hospitals, states and territories, 2003--04

Staffing category	NSW^(b)	Vic^(c)	Qld	WA	SA^(b)	Tas^(d)	ACT	NT	Total^(e)
Salaried medical officers	116,880	133,174	105,388	138,997	107,378	102,624	133,990	130,376	120,627
Nurses	65,284	62,315	57,422	61,407	57,546	56,202	61,661	64,828	61,969
Other personal care staff	n.a.	n.a.	38,273	39,944	n.a.	n.a.	42,712	52,350	39,134
Diagnostic & allied health professionals	53,769	43,356	59,419	54,823	50,328	59,505	51,805	62,147	50,515
Administrative & clerical staff	50,366	44,404	42,084	45,361	42,546	40,708	50,640	54,642	46,280
Domestic & other staff	36,914	42,645	38,665	39,348	34,923	47,853	40,034	41,831	38,995
Total staff	61,481	60,756	56,719	61,417	56,307	56,742	64,075	65,003	60,083

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2004 were used.

(b) *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(c) FTEs may be slightly under-enumerated with a corresponding overstatement of average salaries.

(d) Data for 2 small hospitals not included. *Other personal care staff* are included in *Domestic & other staff*.

(e) The totals for *Other personal care staff*, *Diagnostic & allied health professionals* and *Domestic & other staff* are affected by reporting arrangements noted above.

n.a. Not available.

Table 4.4: Selected statistics^{(a)(b)} by accreditation status, states and territories, public hospitals 2003–04, private hospitals 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Accredited hospitals	185	142	158	69	71	5	3	4	637
Non-accredited hospitals	46	2	20	24	9	22	0	1	124
Hospitals accredited (%)	80	99	89	74	89	19	100	80	84
<i>Total public hospitals</i>	<i>231</i>	<i>144</i>	<i>178</i>	<i>93</i>	<i>80</i>	<i>27</i>	<i>3</i>	<i>5</i>	<i>761</i>
Accredited beds	17,709	11,890	9,517	3,761	4,677	942	683	549	49,728
Non-accredited beds	1,698	60	271	1,194	149	207	0	20	3,599
Beds accredited (%)	91	99	97	76	97	82	100	96	93
<i>Total available beds for admitted patients</i>	<i>19,408</i>	<i>11,950</i>	<i>9,788</i>	<i>4,955</i>	<i>4,826</i>	<i>1,149</i>	<i>683</i>	<i>569</i>	<i>53,328</i>
Separations from accredited hospitals	1,232,284	1,182,657	711,206	271,958	371,745	75,396	69,029	67,493	3,981,768
Separations from non-accredited hospitals	93,251	4,872	9,807	95,288	7,345	5,361	0	2,623	218,547
Proportion of separations in accredited hospitals	93	100	99	74	98	93	100	96	95
<i>Total separations</i>	<i>1,325,535</i>	<i>1,187,529</i>	<i>721,013</i>	<i>367,246</i>	<i>379,090</i>	<i>80,757</i>	<i>69,029</i>	<i>70,116</i>	<i>4,200,315</i>
Patient days from accredited hospitals	5,377,291	4,245,912	2,582,261	1,086,202	1,505,284	301,646	235,195	208,320	15,542,111
Patient days from non-accredited hospitals	404,137	13,227	35,492	333,795	32,207	49,946	0	5,192	873,996
Proportion of patient days in accredited hospitals	93	100	99	76	98	86	100	98	95
<i>Total patient days</i>	<i>5,781,428</i>	<i>4,259,139</i>	<i>2,617,753</i>	<i>1,419,997</i>	<i>1,537,491</i>	<i>351,592</i>	<i>235,195</i>	<i>213,512</i>	<i>16,416,107</i>
Private hospitals									
Accredited hospitals	141	91	75	n.a.	39	n.a.	n.a.	n.a.	381
Non-accredited hospitals	43	45	15	n.a.	14	n.a.	n.a.	n.a.	135
Hospitals accredited (%)	77	67	83	n.a.	74	n.a.	n.a.	n.a.	74
<i>Total private hospitals</i>	<i>184</i>	<i>136</i>	<i>90</i>	<i>41</i>	<i>53</i>	<i>12</i>	<i>n.a.</i>	<i>n.a.</i>	<i>516</i>
Accredited beds	7,093	6,126	5,707	n.a.	2,087	n.a.	n.a.	n.a.	24,486
Non-accredited beds	503	457	250	n.a.	157	n.a.	n.a.	n.a.	1,667
Beds accredited (%)	93	93	96	n.a.	93	n.a.	n.a.	n.a.	94
<i>Total available beds for admitted patients</i>	<i>7,596</i>	<i>6,583</i>	<i>5,957</i>	<i>2,926</i>	<i>2,244</i>	<i>847</i>	<i>n.a.</i>	<i>n.a.</i>	<i>26,153</i>
Total									
Accredited hospitals	326	233	233	n.a.	110	n.a.	n.a.	n.a.	1,018
Non-accredited hospitals	89	47	35	n.a.	23	n.a.	n.a.	n.a.	259
Hospitals accredited (%)	79	83	87	n.a.	83	n.a.	n.a.	n.a.	80
<i>Total hospitals</i>	<i>415</i>	<i>280</i>	<i>268</i>	<i>134</i>	<i>133</i>	<i>39</i>	<i>n.a.</i>	<i>n.a.</i>	<i>1,277</i>
Accredited beds	24,802	18,016	15,224	n.a.	6,764	n.a.	n.a.	n.a.	74,214
Non-accredited beds	2,201	517	521	n.a.	306	n.a.	n.a.	n.a.	5,266
Beds accredited (%)	92	97	97	n.a.	96	n.a.	n.a.	n.a.	93
<i>Total available beds for admitted patients</i>	<i>27,003</i>	<i>18,533</i>	<i>15,745</i>	<i>7,881</i>	<i>7,070</i>	<i>1,996</i>	<i>n.a.</i>	<i>n.a.</i>	<i>79,480</i>

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(a) Where average available beds for the year were not available, bed numbers at 30 June 2004 were used.

(b) Separations for which establishment level data were not reported separately or the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.a. Not available.

Note: Private hospital data are provided from the Australian Bureau of Statistics' Private Health Establishments Collection.

Table 4.5: Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Appendicectomy									
Separations ^(e)	8,312	6,284	5,745	3,131	1,926	565	435	284	26,693
Separations not within state of residence (%)	3	2	2	1	1	1	7	4	
Proportion of separations public patients (%)	67	67	58	69	61	63	73	79	65
Separation rate ^(f)	1.25	1.28	1.49	1.57	1.29	1.21	1.29	1.36	1.34
Standardised separation rate ratio (SRR)	0.93	0.96	1.11	1.17	0.96	0.91	0.96	1.02	
95% confidence interval of SRR	0.91–0.95	0.94–0.98	1.08–1.14	1.13–1.21	0.92–1.00	0.83–0.99	0.87–1.05	0.90–1.14	
Coronary artery bypass graft									
Separations ^(e)	5,574	3,982	3,083	873	1,206	362	118	118	15,321
Separations not within state of residence (%)	8	1	1	0	1	4	10	100	
Proportion of separations public patients (%)	53	53	45	49	47	51	53	62	50
Separation rate ^(f)	0.79	0.77	0.81	0.46	0.69	0.67	0.45	1.05	0.74
Standardised separation rate ratio (SRR)	1.06	1.04	1.09	0.62	0.93	0.90	0.60	1.41	
95% confidence interval of SRR	1.03–1.09	1.01–1.07	1.05–1.13	0.58–0.66	0.88–0.98	0.81–0.99	0.49–0.71	1.16–1.66	
Coronary angioplasty									
Separations ^(e)	11,309	8,796	4,537	2,774	2,277	621	433	150	30,906
Separations not within state of residence (%)	10	1	1	0	1	3	4	100	
Proportion of separations public patients (%)	38	44	32	47	50	52	50	74	41
Separation rate ^(f)	1.60	1.71	1.18	1.45	1.32	1.16	1.56	1.11	1.50
Standardised separation rate ratio (SRR)	1.07	1.14	0.79	0.97	0.88	0.77	1.04	0.74	
95% confidence interval of SRR	1.05–1.09	1.12–1.16	0.77–0.81	0.93–1.01	0.84–0.92	0.71–0.83	0.94–1.14	0.62–0.86	
Caesarean section									
Separations ^(e)	23,204	17,900	15,343	7,943	5,337	1,418	1,033	1,002	73,197
Separations not within state of residence (%)	3	0	1	0	0	0	1	2	
Proportion of separations public patients (%)	57	55	53	51	57	60	49	68	55
Separation rate ^(f)	3.53	3.62	4.09	4.10	3.81	3.43	3.04	4.34	3.74
Standardised separation rate ratio (SRR)	0.94	0.97	1.09	1.10	1.02	0.92	0.81	1.16	
95% confidence interval of SRR	0.93–0.95	0.96–0.98	1.07–1.11	1.08–1.12	0.99–1.05	0.87–0.97	0.76–0.86	1.09–1.23	
In-hospital birth separations	85,613	61,306	49,941	24,627	17,445	5,408	4,087	3,371	251,886
Proportion of births to public patients (%)	67	64	66	63	67	69	60	76	66
In-hospital birth separation rate ^(f)	13.0	12.4	13.2	12.7	12.4	13.0	11.8	14.6	12.8
Separations per 100 in-hospital birth separations ^(g)	27.1	29.2	30.7	32.3	30.6	26.2	25.3	29.7	29.1
Public hospitals	24.4	26.3	25.0	26.2	26.8	23.9	21.0	27.0	25.2
Public patients	23.2	25.3	24.5	26.1	26.1	22.2	20.7	26.5	24.4
Private patients	34.0	37.9	35.0	29.6	35.6	34.8	25.3	38.0	34.8
Private hospitals	35.5	35.8	43.5	41.1	40.4	29.7	32.9	40.3	38.1

(continued)

Table 4.5 (continued): Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2003-04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Cholecystectomy									
Separations ^(e)	15,336	11,521	9,144	4,138	4,055	1,084	674	304	46,263
Separations not within state of residence (%)	3	1	1	0	1	1	4	7	
Proportion of separations public patients (%)	51	53	47	52	53	50	46	58	51
Separation rate ^(f)	2.23	2.28	2.38	2.11	2.52	2.17	2.17	1.65	2.28
Standardised separation rate ratio (SRR)	0.98	1.00	1.05	0.93	1.11	0.95	0.95	0.72	
95% confidence interval of SRR	0.96-1.00	0.98-1.02	1.03-1.07	0.90-0.96	1.08-1.14	0.89-1.01	0.88-1.02	0.64-0.80	
Diagnostic gastrointestinal endoscopy									
Separations ^(e)	173,912	163,886	113,618	50,142	41,150	10,020	4,343	3,042	560,170
Separations not within state of residence (%)	3	1	1	0	0	1	5	6	
Proportion of separations public patients (%)	30	28	20	42	38	26	63	48	30
Separation rate ^(f)	25.06	32.23	29.58	25.74	24.69	19.37	14.50	19.40	27.39
Standardised separation rate ratio (SRR)	0.91	1.18	1.08	0.94	0.90	0.71	0.53	0.71	
95% confidence interval of SRR	0.91-0.91	1.17-1.19	1.07-1.09	0.93-0.95	0.89-0.91	0.70-0.72	0.51-0.55	0.68-0.74	
Hip replacement									
Separations ^(e)	9,290	7,898	4,602	2,759	2,530	839	434	89	28,443
Separations not within state of residence (%)	6	2	2	0	0	5	7	42	
Proportion of separations public patients (%)	38	38	37	42	38	31	35	49	38
Separation rate ^(f)	1.30	1.51	1.23	1.48	1.40	1.54	1.64	0.95	1.37
Standardised separation rate ratio (SRR)	0.95	1.10	0.89	1.08	1.02	1.12	1.20	0.69	
95% confidence interval of SRR	0.93-0.97	1.08-1.12	0.86-0.92	1.04-1.12	0.98-1.06	1.04-1.20	1.09-1.31	0.55-0.83	
Revision of hip replacement									
Separations ^(e)	1,196	946	571	339	286	89	71	14	3,512
Separations not within state of residence (%)	7	3	2	1	1	6	8	79	
Proportion of separations public patients (%)	36	32	36	40	30	18	32	36	34
Separation rate ^(f)	0.17	0.18	0.15	0.18	0.16	0.16	0.28	0.15	0.17
Proportion of hip replacements	0.13	0.12	0.12	0.12	0.11	0.11	0.16	0.16	0.12
Standardised separation rate ratio (SRR)	0.99	1.06	0.90	1.07	0.93	0.97	1.64	0.88	
95% confidence interval of SRR	0.93-1.05	0.99-1.13	0.83-0.97	0.96-1.18	0.82-1.04	0.77-1.17	1.26-2.02	0.42-1.34	

(continued)

Table 4.5 (continued): Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Hysterectomy, females aged 15–69									
Separations ^(e)	8,949	6,588	5,915	3,489	2,676	826	488	241	29,174
Separations not within state of residence (%)	5	1	1	0	0	0	8	8	
Proportion of separations public patients (%)	39	48	36	43	40	44	33	38	41
Separation rate ^(f)	1.32	1.32	1.53	1.73	1.71	1.70	1.48	1.24	1.44
Standardised separation rate ratio (SRR)	0.92	0.91	1.06	1.20	1.18	1.18	1.03	0.86	
95% confidence interval of SRR	0.90–0.94	0.89–0.93	1.03–1.09	1.16–1.24	1.14–1.22	1.10–1.26	0.94–1.12	0.75–0.97	
Age and sex restricted adjusted separation rate ^(h)	3.8	3.8	4.4	4.9	4.9	4.8	4.2	3.5	4.1
Lens insertion									
Separations ^(e)	55,242	37,000	31,291	14,403	11,876	2,295	1,620	650	154,393
Separations not within state of residence (%)	3	1	2	0	0	1	5	11	
Proportion of separations public patients (%)	27	27	12	40	28	20	42	61	25
Separation rate ^(f)	7.68	7.03	8.46	7.91	6.45	4.22	6.65	7.57	7.47
Standardised separation rate ratio (SRR)	1.03	0.94	1.13	1.06	0.86	0.56	0.89	1.01	
95% confidence interval of SRR	1.02–1.04	0.93–0.95	1.12–1.14	1.04–1.08	0.84–0.88	0.54–0.58	0.85–0.93	0.93–1.09	
Tonsillectomy									
Separations ^(e)	10,094	8,299	6,389	3,551	3,228	430	371	202	32,575
Separations not within state of residence (%)	5	1	1	0	0	1	3	9	
Proportion of separations public patients (%)	35	51	28	45	42	26	37	54	40
Separation rate ^(f)	1.55	1.74	1.66	1.82	2.28	0.92	1.12	0.86	1.67
Standardised separation rate ratio (SRR)	0.93	1.04	1.00	1.09	1.36	0.55	0.67	0.52	
95% confidence interval of SRR	0.91–0.95	1.02–1.06	0.98–1.02	1.05–1.13	1.31–1.41	0.50–0.60	0.60–0.74	0.45–0.59	
Myringotomy									
Separations ^(e)	8,623	8,726	5,336	4,120	4,088	504	320	157	31,876
Separations not within state of residence (%)	5	1	1	0	0	0	6	18	
Proportion of separations public patients (%)	34	46	31	41	34	24	36	61	38
Separation rate ^(f)	1.32	1.86	1.40	2.16	2.92	1.06	1.04	0.68	1.65
Standardised separation rate ratio (SRR)	0.80	1.13	0.85	1.31	1.77	0.64	0.63	0.42	
95% confidence interval of SRR	0.78–0.82	1.11–1.15	0.83–0.87	1.27–1.35	1.72–1.82	0.58–0.70	0.56–0.70	0.35–0.49	
Knee replacement									
Separations ^(e)	10,640	6,000	5,216	2,714	2,460	635	505	100	28,276
Separations not within state of residence (%)	6	2	1	0	0	2	4	61	
Proportion of separations public patients (%)	31	33	31	31	29	27	32	19	31
Separation rate ^(f)	1.50	1.16	1.39	1.45	1.40	1.17	1.90	0.83	1.37
Standardised separation rate ratio (SRR)	1.09	0.84	1.01	1.06	1.02	0.85	1.39	0.60	
95% confidence interval of SRR	1.07–1.11	0.82–0.86	0.98–1.04	1.02–1.10	0.98–1.06	0.78–0.92	1.27–1.51	0.48–0.72	

(continued)

Table 4.5 (continued): Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Prostatectomy									
Separations ^(e)	8,131	7,796	4,306	2,204	1,921	784	295	118	25,555
Separations not within state of residence (%)	5	1	1	0	1	1	10	8	
Proportion of separations public patients (%)	31	38	24	37	37	30	25	38	33
Separation rate ^(f)	1.14	1.49	1.14	1.18	1.07	1.43	1.12	1.33	1.23
Standardised separation rate ratio (SRR)	0.92	1.21	0.92	0.95	0.87	1.16	0.90	1.08	
95% confidence interval of SRR	0.90–0.94	1.18–1.24	0.89–0.95	0.91–0.99	0.83–0.91	1.08–1.24	0.80–1.00	0.89–1.27	
Arthroscopic procedures (includes arthroscopies)									
Separations ^(e)	32,936	29,667	17,495	14,141	13,749	2,384	1,972	1,548	113,905
Separations not within state of residence (%)	5	2	1	0	0	3	9	23	
Proportion of separations public patients (%)	19	20	18	21	19	19	15	13	19
Separation rate ^(f)	4.84	5.91	4.52	7.14	8.71	4.90	5.99	8.08	5.62
Standardised separation rate ratio (SRR)	0.86	1.05	0.80	1.27	1.55	0.87	1.07	1.44	
95% confidence interval of SRR	0.85–0.87	1.04–1.06	0.79–0.81	1.25–1.29	1.52–1.58	0.84–0.90	1.02–1.12	1.37–1.51	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The procedures and diagnoses are defined using ICD-10-AM codes in Appendix 3.

(c) Some hospitals are not included. See Appendix 4 for details.

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

(e) Excludes multiple procedures for the same separation within the same group.

(f) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(g) Caesarean section separations divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(h) Females aged 15–69 years only.

Table 4.6: Separation statistics^(a) for selected procedures^(b), by Remoteness Area of usual residence, all hospitals^(c), Australia, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(d)
Appendicectomy						
Separations ^(e)	16,786	6,119	3,021	472	262	26,693
Proportion of separations public patients (%)	61	69	73	82	92	65
Separation rate ^(f)	1.27	1.50	1.52	1.46	1.41	1.35
Standardised separation rate ratio (SRR)	0.94	1.12	1.13	1.09	1.04	
95% confidence interval of SRR	0.93–0.95	1.09–1.15	1.09–1.17	0.99–1.19	0.91–1.17	
Coronary artery bypass graft						
Separations ^(e)	9,751	3,651	1,657	168	78	15,321
Proportion of separations public patients (%)	48	54	56	59	77	50
Separation rate ^(f)	0.74	0.78	0.76	0.60	0.60	0.75
Standardised separation rate ratio (SRR)	0.99	1.03	1.01	0.80	0.79	
95% confidence interval of SRR	0.97–1.01	1.00–1.06	0.96–1.06	0.68–0.92	0.61–0.97	
Coronary angioplasty						
Separations ^(e)	21,141	6,337	2,690	332	115	30,906
Proportion of separations public patients (%)	40	44	48	58	81	41
Separation rate ^(f)	1.60	1.36	1.23	1.15	0.86	1.51
Standardised separation rate ratio (SRR)	1.06	0.90	0.81	0.76	0.57	
95% confidence interval of SRR	1.05–1.07	0.88–0.92	0.78–0.84	0.68–0.84	0.47–0.67	
Caesarean section						
Separations ^(e)	50,726	13,238	7,209	1,274	720	73,197
Proportion of separations public patients (%)	50	67	68	70	85	55
Separation rate ^(f)	3.72	3.80	4.04	3.93	3.59	3.74
Standardised separation rate ratio (SRR)	0.99	1.02	1.08	1.05	0.96	
95% confidence interval of SRR	0.98–1.00	1.00–1.04	1.06–1.10	0.99–1.11	0.89–1.03	
In-hospital birth separations	169,954	48,564	25,969	4,466	2,815	251,886
Proportion of separations public patients (%)	60.9	75.2	75.7	77.6	88.6	65.8
Separation rate ^(f)	12.40	13.98	14.69	14.02	14.03	12.88
Separations per 100 in-hospital birth separations ^(g)	29.8	27.3	27.8	28.5	25.6	29.1
Public hospitals	25.3	24.8	25.4	26.7	24.7	25.2
Public patients	24.4	24.0	24.9	25.6	24.6	24.4
Private patients	36.3	34.0	29.8	34.6	29.2	34.8
Private hospitals	38.3	37.2	37.3	41.6	34.3	38.1

(continued)

Table 4.6 (continued): Separation statistics^(a) for selected procedures^(b), by Remoteness Area of usual residence, all hospitals^(c), Australia, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(d)
Cholecystectomy						
Separations ^(e)	29,900	10,481	4,981	581	251	46,263
Proportion of separations public patients (%)	48	55	59	64	76	51
Separation rate ^(f)	2.24	2.46	2.41	1.91	1.61	2.30
Standardised separation rate ratio (SRR)	0.98	1.07	1.05	0.83	0.70	
95% confidence interval of SRR	0.97–0.99	1.05–1.09	1.02–1.08	0.76–0.90	0.61–0.79	
Diagnostic gastrointestinal endoscopy						
Separations ^(e)	386,839	115,873	50,104	5,191	1,957	560,170
Proportion of separations public patients (%)	25	37	45	52	63	30
Separation rate ^(f)	29.15	26.11	23.61	17.39	13.71	27.65
Standardised separation rate ratio (SRR)	1.05	0.94	0.85	0.63	0.50	
95% confidence interval of SRR	1.05–1.05	0.93–0.95	0.84–0.86	0.61–0.65	0.48–0.52	
Hip replacement						
Separations ^(e)	17,758	7,172	3,063	326	88	28,443
Proportion of separations public patients (%)	37	39	44	39	45	38
Separation rate ^(f)	1.34	1.53	1.42	1.24	0.86	1.39
Standardised separation rate ratio (SRR)	0.96	1.10	1.03	0.90	0.62	
95% confidence interval of SRR	0.95–0.97	1.07–1.13	0.99–1.07	0.80–1.00	0.49–0.75	
Revision of hip replacement						
Separations ^(e)	2,230	861	362	40	17	3,512
Proportion of separations public patients (%)	33	34	43	43	35	34
Separation rate ^(f)	0.17	0.18	0.17	0.15	0.14	0.17
Standardised separation rate ratio (SRR)	0.98	1.07	0.99	0.89	0.83	
95% confidence interval of SRR	0.94–1.02	1.00–1.14	0.89–1.09	0.61–1.17	0.44–1.22	
Hysterectomy, females aged 15–69						
Separations ^(e)	18,028	7,031	3,527	418	147	29,174
Proportion of separations public patients (%)	36	47	53	50	63	41
Separation rate ^(f)	1.36	1.68	1.70	1.25	0.88	1.45
Standardised separation rate ratio (SRR)	0.94	1.15	1.17	0.86	0.60	
95% confidence interval of SRR	0.93–0.95	1.12–1.18	1.13–1.21	0.78–0.94	0.50–0.70	
Age and sex restricted adjusted separation rate ^(g)	3.87	4.77	4.82	3.56	2.49	4.13
Lens insertion						
Separations ^(e)	99,469	35,308	17,427	1,495	651	154,393
Proportion of separations public patients (%)	23	27	33	47	65	25
Separation rate ^(f)	7.50	7.47	8.20	6.11	6.65	7.55
Standardised separation rate ratio (SRR)	0.99	0.99	1.09	0.81	0.88	
95% confidence interval of SRR	0.98–1.00	0.98–1.00	1.07–1.11	0.77–0.85	0.81–0.95	

(continued)

Table 4.6 (continued): Separation statistics^(a) for selected procedures^(b), by Remoteness Area of usual residence, all hospitals^(c), Australia, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(d)
Tonsillectomy						
Separations ^(e)	20,631	7,699	3,569	496	168	32,575
Proportion of separations public patients (%)	35	47	51	48	54	40
Separation rate ^(f)	1.62	1.88	1.75	1.40	0.76	1.68
Standardised separation rate ratio (SRR)	0.97	1.12	1.04	0.83	0.46	
95% confidence interval of SRR	0.96–0.98	1.09–1.15	1.01–1.07	0.76–0.90	0.39–0.53	
Myringotomy						
Separations ^(e)	21,999	6,344	2,891	441	193	31,876
Proportion of separations public patients (%)	32	49	52	58	69	38
Separation rate ^(f)	1.77	1.53	1.37	1.17	0.84	1.65
Standardised separation rate ratio (SRR)	1.07	0.93	0.83	0.71	0.51	
95% confidence interval of SRR	1.06–1.08	0.91–0.95	0.80–0.86	0.64–0.78	0.44–0.58	
Knee replacement						
Separations ^(e)	16,952	7,405	3,413	345	87	28,276
Proportion of separations public patients (%)	29	34	36	34	30	31
Separation rate ^(f)	1.29	1.57	1.57	1.30	0.81	1.39
Standardised separation rate ratio (SRR)	0.93	1.13	1.13	0.93	0.59	
95% confidence interval of SRR	0.92–0.94	1.10–1.16	1.09–1.17	0.83–1.03	0.47–0.71	
Prostatectomy						
Separations ^(e)	16,313	6,135	2,710	248	80	25,555
Proportion of separations public patients (%)	31	36	37	46	48	33
Separation rate ^(f)	1.24	1.29	1.24	0.97	0.76	1.25
Standardised separation rate ratio (SRR)	0.99	1.04	1.00	0.78	0.61	
95% confidence interval of SRR	0.97–1.01	1.01–1.07	0.96–1.04	0.68–0.88	0.48–0.74	
Arthroscopic procedures (includes arthroscopies)						
Separations ^(e)	71,785	25,378	13,309	1,946	669	113,905
Proportion of separations public patients (%)	15	25	27	28	36	19
Separation rate ^(f)	5.38	6.04	6.54	6.18	4.10	5.67
Standardised separation rate ratio (SRR)	0.95	1.07	1.15	1.09	0.72	
95% confidence interval of SRR	0.94–0.96	1.06–1.08	1.13–1.17	1.04–1.14	0.67–0.77	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The procedures are defined using ICD-10-AM codes in Appendix 3.

(c) Some private hospitals are not included. See Appendix 4 for details.

(d) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

(e) Excludes multiple procedures in the same separation within the same group.

(f) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(g) Caesarean sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(h) Females aged 15–69 years only.

Table 4.7: Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Appendicectomy						
Separations ^(e)	5,160	5,521	5,427	5,458	5,095	26,693
Proportion of separations public patients (%)	79	71	70	59	45	65
Separation rate ^(f)	1.35	1.44	1.32	1.37	1.26	1.35
Standardised separation rate ratio (SRR)	1.00	1.07	0.98	1.01	0.93	
95% confidence interval of SRR	0.97–1.03	1.04–1.10	0.95–1.01	0.98–1.04	0.90–0.96	
Coronary artery bypass graft						
Separations ^(e)	3,565	3,186	3,116	2,836	2,611	15,321
Proportion of separations public patients (%)	62	55	53	43	34	50
Separation rate ^(f)	0.79	0.78	0.78	0.75	0.65	0.75
Standardised separation rate ratio (SRR)	1.06	1.04	1.04	0.99	0.86	
95% confidence interval of SRR	1.03–1.09	1.00–1.08	1.00–1.08	0.95–1.03	0.83–0.89	
Coronary angioplasty						
Separations ^(e)	5,803	6,080	6,362	5,945	6,432	30,906
Proportion of separations public patients (%)	53	47	43	38	29	41
Separation rate ^(f)	1.31	1.50	1.59	1.54	1.58	1.51
Standardised separation rate ratio (SRR)	0.87	0.99	1.05	1.02	1.04	
95% confidence interval of SRR	0.85–0.89	0.97–1.01	1.02–1.08	0.99–1.05	1.01–1.07	
Caesarean section						
Separations ^(e)	12,710	14,135	15,416	15,641	15,268	73,197
Proportion of separations public patients (%)	78	67	60	48	29	55
Separation rate ^(f)	3.74	3.94	3.82	3.80	3.58	3.74
Standardised separation rate ratio (SRR)	1.00	1.05	1.02	1.02	0.96	
95% confidence interval of SRR	0.98–1.02	1.03–1.07	1.00–1.04	1.00–1.04	0.94–0.98	
In-hospital birth separations	48,760	50,029	54,962	52,083	45,939	251,886
Proportion of separations public patients (%)	83.8	75.5	69.7	58.6	39.5	65.8
Separation rate ^(f)	14.37	13.99	13.62	12.67	10.65	12.88
Separations per 100 in-hospital birth separations ^(g)	26.1	28.3	28.0	30.0	33.2	29.1
Public hospitals	24.4	25.6	24.7	25.4	26.9	25.2
Public patients	24.0	24.9	24.0	24.7	24.8	24.4
Private patients	31.7	35.1	33.4	34.4	38.3	34.8
Private hospitals	35.7	39.0	38.1	37.7	38.8	38.1

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Cholecystectomy						
Separations ^(e)	10,264	9,720	9,750	8,911	7,550	46,263
Proportion of separations public patients (%)	64	58	53	43	31	51
Separation rate ^(f)	2.55	2.50	2.41	2.24	1.82	2.30
Standardised separation rate ratio (SRR)	1.11	1.09	1.05	0.98	0.79	
95% confidence interval of SRR	1.09–1.13	1.07–1.11	1.03–1.07	0.96–1.00	0.77–0.81	
Diagnostic gastrointestinal endoscopy						
Separations ^(e)	104,158	108,435	105,225	118,710	123,452	560,170
Proportion of separations public patients (%)	41	38	31	23	17	30
Separation rate ^(f)	24.82	27.43	26.08	30.15	29.91	27.65
Standardised separation rate ratio (SRR)	0.90	0.99	0.94	1.09	1.08	
95% confidence interval of SRR	0.89–0.91	0.98–1.00	0.93–0.95	1.08–1.10	1.07–1.09	
Hip replacement						
Separations ^(e)	5,867	5,869	5,194	5,353	6,124	28,443
Proportion of separations public patients (%)	47	43	42	36	25	38
Separation rate ^(f)	1.32	1.45	1.31	1.39	1.46	1.39
Standardised separation rate ratio (SRR)	0.95	1.04	0.95	1.00	1.05	
95% confidence interval of SRR	0.93–0.97	1.01–1.07	0.92–0.98	0.97–1.03	1.02–1.08	
Revision of hip replacement						
Separations ^(e)	695	761	678	625	751	3,512
Proportion of separations public patients (%)	41	40	37	33	21	34
Separation rate ^(f)	0.16	0.19	0.17	0.16	0.18	0.17
Standardised separation rate ratio (SRR)	0.91	1.09	1.00	0.95	1.05	
95% confidence interval of SRR	0.84–0.98	1.01–1.17	0.92–1.08	0.88–1.02	0.97–1.13	
Hysterectomy, females aged 15–69						
Separations ^(e)	6,415	6,272	6,300	5,575	4,594	29,174
Proportion of separations public patients (%)	56	50	42	32	19	41
Separation rate ^(f)	1.64	1.63	1.54	1.38	1.12	1.45
Standardised separation rate ratio (SRR)	1.13	1.12	1.06	0.95	0.77	
95% confidence interval of SRR	1.10–1.16	1.09–1.15	1.03–1.09	0.93–0.97	0.75–0.79	
Age and sex restricted standardised separation rate ^(h)	4.7	4.6	4.4	3.9	3.2	4.1
Lens insertion						
Separations ^(e)	34,222	31,339	28,547	28,560	31,687	154,393
Proportion of separations public patients (%)	33	31	27	20	15	25
Separation rate ^(f)	7.63	7.70	7.26	7.50	7.63	7.55
Standardised separation rate ratio (SRR)	1.01	1.02	0.96	0.99	1.01	
95% confidence interval of SRR	1.00–1.02	1.01–1.03	0.95–0.97	0.98–1.00	1.00–1.02	

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Tonsillectomy						
Separations ^(e)	6,736	7,356	6,877	6,063	5,533	32,575
Proportion of separations public patients (%)	53	51	41	31	16	40
Separation rate ^(f)	1.71	1.89	1.65	1.56	1.53	1.68
Standardised separation rate ratio (SRR)	1.02	1.13	0.98	0.93	0.91	
95% confidence interval of SRR	1.00–1.04	1.10–1.16	0.96–1.00	0.91–0.95	0.89–0.93	
Myringotomy						
Separations ^(e)	5,762	6,834	6,637	6,686	5,951	31,876
Proportion of separations public patients (%)	54	51	42	29	12	38
Separation rate ^(f)	1.42	1.72	1.59	1.76	1.79	1.65
Standardised separation rate ratio (SRR)	0.86	1.04	0.96	1.07	1.08	
95% confidence interval of SRR	0.84–0.88	1.02–1.06	0.94–0.98	1.04–1.10	1.05–1.11	
Knee replacement						
Separations ^(e)	6,624	6,107	5,458	4,914	5,104	28,276
Proportion of separations public patients (%)	41	35	33	26	18	31
Separation rate ^(f)	1.46	1.50	1.38	1.30	1.27	1.39
Standardised separation rate ratio (SRR)	1.06	1.08	0.99	0.94	0.91	
95% confidence interval of SRR	1.03–1.09	1.05–1.11	0.96–1.02	0.91–0.97	0.89–0.93	
Prostatectomy						
Separations ^(e)	5,487	5,093	4,609	4,884	5,416	25,555
Proportion of separations public patients (%)	43	39	37	28	18	33
Separation rate ^(f)	1.21	1.25	1.17	1.28	1.33	1.25
Standardised separation rate ratio (SRR)	0.97	1.00	0.93	1.03	1.06	
95% confidence interval of SRR	0.94–1.00	0.97–1.03	0.90–0.96	1.00–1.06	1.03–1.09	
Arthroscopic procedures (includes arthroscopies)						
Separations ^(e)	21,141	23,872	23,033	23,043	22,014	113,905
Proportion of separations public patients (%)	30	25	19	14	9	19
Separation rate ^(f)	5.32	6.19	5.65	5.76	5.29	5.67
Standardised separation rate ratio (SRR)	0.94	1.09	1.00	1.02	0.93	
95% confidence interval of SRR	0.93–0.95	1.08–1.10	0.99–1.01	1.01–1.03	0.92–0.94	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The procedures are defined using ICD-10-AM codes in Appendix 3.

(c) Based on the Australian Bureau of Statistics' SEIFA 2001 Index of Advantage/Disadvantage score for the Statistical Local Area of the patient's usual residence.

(d) Includes unknown area of usual residence and excludes overseas residents and unknown state of residence.

(e) Excludes multiple procedures in the same separation within the same group.

(f) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(g) Caesarean section separations divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(h) Females aged 15–69 years only.

Table 4.8: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Vaccine-preventable conditions									
Influenza and pneumonia									
Separations ^(d)	4,770	2,657	2,696	1,509	976	253	115	354	13,334
Separations not within state of residence (%)	3	2	2	1	3	5	6	5	
Separation rate ^(e)	0.69	0.52	0.71	0.79	0.61	0.50	0.41	1.78	0.66
Standardised separation rate ratio (SRR)	1.05	0.79	1.07	1.20	0.92	0.75	0.62	2.69	
95% confidence interval of SRR	1.02–1.08	0.76–0.82	1.03–1.11	1.14–1.26	0.86–0.98	0.66–0.84	0.51–0.74	2.41–2.97	
Other vaccine-preventable conditions									
Separations ^(d)	1,049	868	389	209	170	43	25	59	2,817
Separations not within state of residence (%)	1	1	3	0	8	10	19	16	
Separation rate ^(e)	0.16	0.17	0.10	0.11	0.11	0.09	0.08	0.29	0.14
Standardised separation rate ratio (SRR)	1.11	1.24	0.72	0.77	0.80	0.65	0.58	2.05	
95% confidence interval of SRR	1.04–1.18	1.15–1.32	0.65–0.80	0.67–0.87	0.68–0.92	0.46–0.85	0.36–0.81	1.53–2.58	
Total vaccine-preventable conditions									
Separations ^(d)	5,815	3,524	3,081	1,718	1,146	296	140	412	16,141
Proportion of total separations ^(d) %	0.3	0.2	0.2	0.3	0.2	n.p.	n.p.	n.p.	0.2
Separations not within state of residence (%)	1	1	3	0	8	10	19	16	
Separation rate ^(e)	0.85	0.70	0.81	0.90	0.72	0.59	0.49	2.06	0.80
Standardised separation rate ratio (SRR)	1.06	0.87	1.01	1.13	0.90	0.73	0.62	2.57	
95% confidence interval of SRR	1.03–1.09	0.84–0.90	0.98–1.05	1.07–1.18	0.85–0.95	0.65–0.82	0.51–0.72	2.32–2.82	
Acute conditions									
Appendicitis with generalised peritonitis									
Separations ^(d)	975	784	575	437	183	60	51	54	3,121
Separations not within state of residence (%)	4	2	1	1	2	2	6	8	
Separation rate ^(e)	0.15	0.16	0.15	0.22	0.12	0.13	0.16	0.27	0.16
Standardised separation rate ratio (SRR)	0.93	1.02	0.96	1.42	0.77	0.80	1.01	1.74	
95% confidence interval of SRR	0.87–0.99	0.95–1.09	0.88–1.03	1.28–1.55	0.66–0.89	0.60–1.01	0.74–1.29	1.27–2.20	
Cellulitis									
Separations ^(d)	9,738	7,604	5,873	2,684	2,201	578	360	513	29,557
Separations not within state of residence (%)	3	2	2	1	2	3	5	1	
Separation rate ^(e)	1.41	1.49	1.54	1.40	1.33	1.14	1.23	2.79	1.45
Standardised separation rate ratio (SRR)	0.97	1.03	1.06	0.96	0.92	0.78	0.85	1.92	
95% confidence interval of SRR	0.95–0.99	1.00–1.05	1.03–1.09	0.92–1.00	0.88–0.95	0.72–0.85	0.76–0.93	1.75–2.08	
Convulsions and epilepsy									
Separations ^(d)	11,630	7,441	5,998	2,861	2,431	709	384	577	32,048
Separations not within state of residence (%)	2	2	3	1	2	7	16	4	
Separation rate ^(e)	1.74	1.51	1.57	1.47	1.62	1.49	1.24	2.88	1.61
Standardised separation rate ratio (SRR)	1.08	0.94	0.97	0.91	1.00	0.92	0.77	1.78	
95% confidence interval of SRR	1.06–1.10	0.92–0.96	0.95–1.00	0.88–0.94	0.96–1.04	0.86–0.99	0.69–0.85	1.64–1.93	

(continued)

Table 4.8 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Dehydration and gastroenteritis									
Separations ^(d)	13,884	12,814	9,463	3,883	4,287	937	366	257	45,911
Separations not within state of residence (%)	3	1	2	1	1	2	11	8	
Separation rate ^(e)	2.01	2.51	2.49	2.01	2.60	1.85	1.21	1.77	2.25
Standardised separation rate ratio (SRR)	0.89	1.11	1.10	0.89	1.16	0.82	0.54	0.78	
95% confidence interval of SRR	0.88–0.91	1.10–1.13	1.08–1.13	0.87–0.92	1.12–1.19	0.77–0.87	0.48–0.59	0.69–0.88	
Dental conditions									
Separations ^(d)	12,150	13,304	10,153	6,629	3,802	783	503	326	47,678
Separations not within state of residence (%)	4	1	1	0	0	2	2	7	
Separation rate ^(e)	1.83	2.74	2.64	3.40	2.54	1.67	1.63	1.52	2.41
Standardised separation rate ratio (SRR)	0.76	1.14	1.10	1.41	1.05	0.69	0.67	0.63	
95% confidence interval of SRR	0.75–0.77	1.12–1.16	1.08–1.12	1.38–1.44	1.02–1.09	0.64–0.74	0.62–0.73	0.56–0.70	
Ear, nose and throat infections									
Separations ^(d)	11,023	6,826	7,085	3,491	3,377	610	363	452	33,235
Separations not within state of residence (%)	3	2	1	1	1	1	6	4	
Separation rate ^(e)	1.67	1.43	1.86	1.82	2.36	1.30	1.15	1.95	1.70
Standardised separation rate ratio (SRR)	0.98	0.84	1.09	1.07	1.39	0.77	0.68	1.14	
95% confidence interval of SRR	0.97–1.00	0.82–0.86	1.07–1.12	1.03–1.11	1.34–1.44	0.70–0.83	0.61–0.74	1.04–1.25	
Gangrene									
Separations ^(d)	1,236	1,348	987	355	367	90	34	84	4,501
Separations not within state of residence (%)	4	1	1	0	1	1	0	6	
Separation rate ^(e)	0.17	0.26	0.26	0.19	0.21	0.17	0.11	0.54	0.22
Standardised separation rate ratio (SRR)	0.79	1.19	1.20	0.85	0.96	0.79	0.52	2.46	
95% confidence interval of SRR	0.75–0.84	1.13–1.26	1.12–1.27	0.76–0.94	0.86–1.06	0.62–0.95	0.35–0.69	1.93–2.98	
Pelvic inflammatory disease									
Separations ^(d)	1,892	1,559	1,228	625	462	112	86	111	6,076
Separations not within state of residence (%)	5	1	2	0	2	1	12	3	
Separation rate ^(e)	0.29	0.31	0.32	0.31	0.31	0.25	0.25	0.50	0.31
Standardised separation rate ratio (SRR)	0.93	1.03	1.05	1.03	1.01	0.83	0.82	1.64	
95% confidence interval of SRR	0.89–0.97	0.98–1.08	0.99–1.11	0.95–1.11	0.92–1.10	0.68–0.98	0.65–0.99	1.34–1.95	
Perforated/bleeding ulcer									
Separations ^(d)	1,826	1,573	821	568	532	159	69	38	5,589
Separations not within state of residence (%)	4	1	3	1	1	2	5	0	
Separation rate ^(e)	0.26	0.30	0.22	0.30	0.29	0.30	0.26	0.40	0.27
Standardised separation rate ratio (SRR)	0.95	1.11	0.81	1.12	1.09	1.10	0.96	1.49	
95% confidence interval of SRR	0.90–0.99	1.06–1.17	0.75–0.86	1.03–1.22	1.00–1.18	0.93–1.27	0.73–1.18	1.01–1.96	

(continued)

Table 4.8 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Pyelonephritis									
Separations ^(d)	13,214	10,144	7,817	3,732	3,102	698	399	436	39,555
Separations not within state of residence (%)	2	1	1	0	1	2	6	4	
Separation rate ^(e)	1.89	1.98	2.07	1.97	1.84	1.37	1.40	3.01	1.94
Standardised separation rate ratio (SRR)	0.98	1.02	1.07	1.02	0.95	0.71	0.72	1.55	
95% confidence interval of SRR	0.96–0.99	1.00–1.04	1.05–1.09	0.99–1.05	0.92–0.98	0.65–0.76	0.65–0.79	1.41–1.70	
Total acute conditions									
Separations ^(d)	77,530	63,369	49,968	25,263	20,734	4,733	2,615	2,847	247,157
Proportion of total separations ^(d) %	3.7	3.4	3.7	3.8	3.6	n.p.	n.p.	n.p.	3.6
Separations not within state of residence (%)	3	1	2	1	1	3	7	4	
Separation rate ^(e)	11.40	12.69	13.12	13.09	13.22	9.66	8.64	15.60	12.31
Standardised separation rate ratio (SRR)	0.93	1.03	1.07	1.06	1.07	0.78	0.70	1.27	
95% confidence interval of SRR	0.92–0.93	1.02–1.04	1.06–1.07	1.05–1.08	1.06–1.09	0.76–0.81	0.67–0.73	1.22–1.31	
Chronic conditions									
Angina									
Separations ^(d)	14,713	11,396	10,799	3,230	3,437	1,134	380	431	45,523
Separations not within state of residence (%)	3	2	2	1	2	2	9	3	
Separation rate ^(e)	2.06	2.18	2.85	1.72	1.91	2.10	1.47	3.57	2.20
Standardised separation rate ratio (SRR)	0.94	0.99	1.30	0.79	0.87	0.96	0.67	1.62	
95% confidence interval of SRR	0.92–0.95	0.98–1.01	1.27–1.32	0.76–0.81	0.84–0.90	0.90–1.01	0.60–0.73	1.47–1.78	
Asthma									
Separations ^(d)	12,788	9,165	6,921	3,806	4,013	466	335	381	37,887
Separations not within state of residence (%)	2	1	2	1	1	2	7	3	
Separation rate ^(e)	1.93	1.89	1.81	1.96	2.75	0.97	1.08	1.79	1.92
Standardised separation rate ratio (SRR)	1.00	0.98	0.94	1.02	1.43	0.50	0.56	0.93	
95% confidence interval of SRR	0.99–1.02	0.96–1.00	0.92–0.96	0.99–1.05	1.39–1.48	0.46–0.55	0.50–0.62	0.83–1.02	
Chronic obstructive pulmonary disease									
Separations ^(d)	19,905	13,929	10,961	5,168	5,023	1,645	415	756	57,814
Separations not within state of residence (%)	2	1	2	0	1	3	2	2	
Separation rate ^(e)	2.78	2.66	2.93	2.80	2.78	3.04	1.66	6.24	2.79
Standardised separation rate ratio (SRR)	0.99	0.95	1.05	1.00	1.00	1.09	0.59	2.23	
95% confidence interval of SRR	0.98–1.01	0.93–0.97	1.03–1.07	0.97–1.03	0.97–1.02	1.03–1.14	0.54–0.65	2.07–2.39	
Congestive cardiac failure									
Separations ^(d)	14,026	11,922	7,728	3,588	3,948	940	423	240	42,823
Separations not within state of residence (%)	2	1	1	1	1	2	4	2	
Separation rate ^(e)	1.92	2.23	2.08	1.96	2.09	1.71	1.77	2.21	2.05
Standardised separation rate ratio (SRR)	0.94	1.09	1.02	0.96	1.02	0.83	0.86	1.08	
95% confidence interval of SRR	0.92–0.95	1.07–1.11	0.99–1.04	0.93–0.99	0.99–1.06	0.78–0.89	0.78–0.95	0.94–1.22	
Diabetes complications									
Separations ^(d)	44,787	46,254	30,687	24,879	13,719	5,932	1,254	2,176	169,715
Separations not within state of residence (%)	6	1	1	0	1	1	5	10	
Separation rate ^(e)	6.33	8.93	8.10	12.93	7.92	11.25	4.80	16.58	8.25
Standardised separation rate ratio (SRR)	0.77	1.08	0.98	1.57	0.96	1.36	0.58	2.01	
95% confidence interval of SRR	0.76–0.77	1.07–1.09	0.97–0.99	1.55–1.59	0.94–0.98	1.33–1.40	0.55–0.61	1.93–2.09	

(continued)

Table 4.8 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Hypertension									
Separations ^(d)	2,318	1,393	1,543	578	573	139	32	40	6,617
Separations not within state of residence (%)	3	2	2	1	1	4	3	11	
Separation rate ^(e)	0.33	0.27	0.41	0.31	0.33	0.27	0.11	0.29	0.32
Standardised separation rate ratio (SRR)	1.02	0.84	1.27	0.95	1.02	0.83	0.34	0.89	
95% confidence interval of SRR	0.98–1.06	0.79–0.88	1.21–1.33	0.87–1.03	0.93–1.10	0.69–0.96	0.22–0.46	0.61–1.16	
Iron deficiency anaemia									
Separations ^(d)	5,256	6,480	3,007	2,228	1,512	454	225	148	19,314
Separations not within state of residence (%)	3	0	1	0	0	0	2	2	
Separation rate ^(e)	0.75	1.25	0.80	1.17	0.87	0.86	0.82	1.03	0.94
Standardised separation rate ratio (SRR)	0.79	1.33	0.85	1.24	0.93	0.91	0.87	1.09	
95% confidence interval of SRR	0.77–0.82	1.30–1.37	0.82–0.88	1.19–1.29	0.88–0.97	0.83–0.99	0.76–0.99	0.92–1.27	
Nutritional deficiencies									
Separations ^(d)	46	31	27	17	3	2	1	16	143
Separations not within state of residence (%)	2	0	4	0	0	0	0	0	
Separation rate ^(e)	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.06	0.01
Standardised separation rate ratio (SRR)	0.95	0.87	1.01	1.20	0.22	0.50	0.53	8.44	
95% confidence interval of SRR	0.67–1.22	0.56–1.17	0.63–1.39	0.63–1.78	n.p.	n.p.	n.p.	4.30–12.57	
Rheumatic heart disease^(f)									
Separations ^(d)	642	469	525	250	123	27	27	171	2,234
Separations not within state of residence (%)	10	2	0	1	6	8	0	40	
Separation rate ^(e)	0.09	0.09	0.14	0.13	0.07	0.05	0.10	0.85	0.11
Standardised separation rate ratio (SRR)	0.84	0.83	1.27	1.20	0.66	0.46	0.92	7.77	
95% confidence interval of SRR	0.77–0.90	0.76–0.91	1.16–1.38	1.05–1.35	0.54–0.77	0.29–0.64	0.57–1.27	6.60–8.93	
Total chronic conditions									
Separations ^(d)	107,583	95,126	67,864	42,046	30,257	10,298	2,895	4,117	360,248
Proportion of total separations ^(d) %	5.2	5.1	5.1	6.4	5.2	n.p.	n.p.	n.p.	5.3
Separations not within state of residence (%)	4	1	1	0	1	1	5	8	
Separation rate ^(e)	15.23	18.39	17.97	22.08	17.59	19.43	11.02	30.53	17.53
Standardised separation rate ratio (SRR)	0.87	1.05	1.02	1.26	1.00	1.11	0.63	1.74	
95% confidence interval of SRR	0.86–0.87	1.04–1.06	1.02–1.03	1.25–1.27	0.99–1.01	1.09–1.13	0.61–0.65	1.69–1.79	
Total selected potentially preventable hospitalisations									
Separations ^(d)	189,978	161,275	120,325	68,641	51,894	15,256	5,639	7,291	620,466
Proportion of total separations ^(d) %	9.1	8.7	9.0	10.4	9.0	n.p.	n.p.	n.p.	9.1
Separations not within state of residence (%)	4	1	1	0	1	2	6	6	
Separation rate ^(e)	27.34	31.63	31.74	35.87	31.39	29.54	20.11	47.67	30.50
Standardised separation rate ratio (SRR)	0.90	1.04	1.04	1.18	1.03	0.97	0.66	1.56	
95% confidence interval of SRR	0.89–0.90	1.03–1.04	1.03–1.05	1.17–1.18	1.02–1.04	0.95–0.98	0.64–0.68	1.53–1.60	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital borders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

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

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

(e) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

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

n.p. Not published

Table 4.9: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Vaccine-preventable conditions						
Influenza and Pneumonia						
Separations ^(d)	7,559	3,189	1,752	451	356	13,334
Separation rate ^(e)	0.58	0.73	0.85	1.48	2.11	0.67
Standardised separation rate ratio (SRR)	0.87	1.09	1.27	2.23	3.17	
95% confidence interval of SRR	0.85–0.89	1.05–1.13	1.21–1.33	2.02–2.44	2.84–3.50	
Other vaccine-preventable conditions						
Separations ^(d)	2,195	297	173	48	76	2,817
Separation rate ^(e)	0.17	0.07	0.09	0.14	0.44	0.14
Standardised separation rate ratio (SRR)	1.17	0.51	0.61	1.01	3.13	
95% confidence interval of SRR	1.12–1.22	0.45–0.57	0.52–0.70	0.72–1.30	2.43–3.83	
Total vaccine-preventable						
Separations ^(d)	9,748	3,485	1,923	499	431	16,141
Proportion of total separations%	0.2	0.2	0.3	0.4	0.6	0.2
Separation rate ^(e)	0.74	0.80	0.93	1.63	2.55	0.81
Standardised separation rate ratio (SRR)	0.91	0.99	1.15	2.01	3.15	
95% confidence interval of SRR	0.90–0.93	0.95–1.02	1.10–1.20	1.84–2.19	2.85–3.45	
Acute conditions						
Appendicitis with generalised peritonitis						
Separations ^(d)	2,001	678	300	77	63	3,121
Separation rate ^(e)	0.15	0.16	0.15	0.24	0.36	0.16
Standardised separation rate ratio (SRR)	0.94	1.00	0.94	1.50	2.25	
95% confidence interval of SRR	0.90–0.98	0.92–1.08	0.83–1.04	1.16–1.84	1.69–2.81	
Cellulitis						
Separations ^(d)	17,187	6,595	3,990	853	868	29,557
Separation rate ^(e)	1.29	1.51	1.94	2.80	5.27	1.47
Standardised separation rate ratio (SRR)	0.88	1.03	1.32	1.90	3.59	
95% confidence interval of SRR	0.86–0.89	1.00–1.05	1.28–1.36	1.78–2.03	3.35–3.82	
Convulsions and epilepsy						
Separations ^(d)	19,020	6,990	4,028	1,048	841	32,048
Separation rate ^(e)	1.46	1.71	2.00	3.11	4.72	1.62
Standardised separation rate ratio (SRR)	0.90	1.06	1.23	1.92	2.91	
95% confidence interval of SRR	0.89–0.91	1.03–1.08	1.20–1.27	1.80–2.04	2.72–3.11	
Dehydration and gastroenteritis						
Separations ^(d)	27,541	10,641	6,250	898	518	45,911
Separation rate ^(e)	2.05	2.49	3.09	3.11	3.57	2.27
Standardised separation rate ratio (SRR)	0.90	1.10	1.36	1.37	1.57	
95% confidence interval of SRR	0.89–0.91	1.08–1.12	1.33–1.39	1.28–1.46	1.44–1.71	

(continued)

Table 4.9 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Dental conditions						
Separations ^(d)	28,340	11,718	6,081	902	546	47,678
Separation rate ^(e)	2.20	2.85	2.96	2.55	2.65	2.42
Standardised separation rate ratio (SRR)	0.91	1.18	1.22	1.05	1.10	
95% confidence interval of SRR	0.90–0.92	1.16–1.20	1.19–1.25	0.98–1.12	1.00–1.19	
Ear, nose and throat infections						
Separations ^(d)	19,322	7,043	4,919	1,172	763	33,235
Separation rate ^(e)	1.51	1.74	2.42	3.33	3.57	1.71
Standardised separation rate ratio (SRR)	0.88	1.02	1.42	1.95	2.09	
95% confidence interval of SRR	0.87–0.90	0.99–1.04	1.38–1.45	1.84–2.06	1.94–2.24	
Gangrene						
Separations ^(d)	2,768	946	623	68	93	4,501
Separation rate ^(e)	0.21	0.21	0.30	0.23	0.69	0.22
Standardised separation rate ratio (SRR)	0.95	0.95	1.36	1.05	3.14	
95% confidence interval of SRR	0.92–0.99	0.89–1.02	1.26–1.47	0.80–1.29	2.50–3.77	
Pelvic inflammatory disease						
Separations ^(d)	3,822	1,242	709	170	126	6,076
Separation rate ^(e)	0.28	0.32	0.37	0.54	0.66	0.31
Standardised separation rate ratio (SRR)	0.90	1.03	1.19	1.74	2.13	
95% confidence interval of SRR	0.87–0.93	0.97–1.09	1.11–1.28	1.48–2.00	1.76–2.50	
Perforated/bleeding ulcer						
Separations ^(d)	3,678	1,162	631	86	24	5,589
Separation rate ^(e)	0.27	0.25	0.30	0.31	0.19	0.27
Standardised separation rate ratio (SRR)	1.00	0.93	1.11	1.15	0.70	
95% confidence interval of SRR	0.97–1.03	0.87–0.98	1.02–1.20	0.91–1.39	0.42–0.99	
Pyelonephritis						
Separations ^(d)	25,675	8,081	4,283	845	601	39,555
Separation rate ^(e)	1.92	1.84	2.09	2.96	4.17	1.96
Standardised separation rate ratio (SRR)	0.98	0.94	1.07	1.51	2.13	
95% confidence interval of SRR	0.97–0.99	0.92–0.96	1.03–1.10	1.41–1.61	1.96–2.30	
Total acute conditions						
Separations ^(d)	149,281	55,071	31,800	6,117	4,443	247,157
Proportion of total separations%	3.3	3.9	4.4	5.5	6.3	3.6
Separation rate ^(e)	11.35	13.08	15.60	19.17	25.84	12.40
Standardised separation rate ratio (SRR)	0.92	1.05	1.26	1.55	2.08	
95% confidence interval of SRR	0.91–0.92	1.05–1.06	1.24–1.27	1.51–1.58	2.02–2.15	

(continued)

Table 4.9 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Chronic conditions						
Angina						
Separations ^(d)	24,875	13,044	6,272	900	378	45,523
Separation rate ^(e)	1.87	2.80	2.92	3.28	2.95	2.22
Standardised separation rate ratio (SRR)	0.84	1.26	1.32	1.48	1.33	
95% confidence interval of SRR	0.83–0.85	1.24–1.28	1.28–1.35	1.38–1.57	1.19–1.46	
Asthma						
Separations ^(d)	24,045	7,534	4,844	925	512	37,887
Separation rate ^(e)	1.88	1.82	2.35	2.76	2.81	1.93
Standardised separation rate ratio (SRR)	0.97	0.94	1.22	1.43	1.46	
95% confidence interval of SRR	0.96–0.99	0.92–0.96	1.18–1.25	1.34–1.52	1.33–1.58	
Chronic obstructive pulmonary disease						
Separations ^(d)	33,558	14,228	7,835	1,367	771	57,814
Separation rate ^(e)	2.53	3.01	3.65	5.20	6.55	2.83
Standardised separation rate ratio (SRR)	0.89	1.06	1.29	1.84	2.31	
95% confidence interval of SRR	0.88–0.90	1.05–1.08	1.26–1.32	1.74–1.93	2.15–2.48	
Congestive cardiac failure						
Separations ^(d)	26,061	10,173	5,311	747	469	42,823
Separation rate ^(e)	1.93	2.15	2.53	3.03	4.07	2.07
Standardised separation rate ratio (SRR)	0.93	1.04	1.22	1.46	1.97	
95% confidence interval of SRR	0.92–0.94	1.02–1.06	1.19–1.26	1.36–1.57	1.79–2.14	
Diabetes complications						
Separations ^(d)	96,476	40,240	23,874	6,433	2,455	169,715
Separation rate ^(e)	7.30	8.70	11.06	21.30	17.78	8.33
Standardised separation rate ratio (SRR)	0.88	1.04	1.33	2.56	2.13	
95% confidence interval of SRR	0.87–0.88	1.03–1.05	1.31–1.34	2.49–2.62	2.05–2.22	
Hypertension						
Separations ^(d)	2,921	1,631	1,587	303	164	6,617
Separation rate ^(e)	0.22	0.35	0.75	1.12	1.38	0.32
Standardised separation rate ratio (SRR)	0.69	1.09	2.34	3.50	4.31	
95% confidence interval of SRR	0.66–0.71	1.04–1.15	2.23–2.46	3.11–3.89	3.65–4.97	
Iron deficiency anaemia						
Separations ^(d)	13,277	4,083	1,606	178	146	19,314
Separation rate ^(e)	1.00	0.90	0.77	0.65	0.99	0.95
Standardised separation rate ratio (SRR)	1.05	0.95	0.81	0.68	1.04	
95% confidence interval of SRR	1.03–1.07	0.92–0.98	0.77–0.85	0.58–0.78	0.87–1.21	

(continued)

Table 4.9 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Nutritional deficiencies						
Separations ^(d)	84	24	12	9	14	143
Separation rate ^(e)	0.01	0.01	0.01	0.03	0.07	0.01
Standardised separation rate ratio (SRR)	1.00	1.00	1.00	3.00	7.00	
95% confidence interval of SRR	0.79–1.21	n.p.	n.p.	n.p.	n.p.	
Rheumatic heart disease^(f)						
Separations ^(d)	1,212	477	252	106	161	2,234
Separation rate ^(e)	0.09	0.10	0.12	0.33	0.83	0.11
Standardised separation rate ratio (SRR)	0.82	0.91	1.09	3.00	7.55	
95% confidence interval of SRR	0.77–0.86	0.83–0.99	0.96–1.23	2.43–3.57	6.38–8.71	
Total chronic conditions						
Separations ^(d)	209,115	86,478	48,757	10,615	4,804	360,248
Proportion of total separations%	4.7	6.1	6.7	9.5	6.9	5.3
Separation rate ^(e)	15.82	18.80	22.82	36.37	35.26	1.62
Standardised separation rate ratio (SRR)	9.77	11.60	14.09	22.45	21.77	
95% confidence interval of SRR	9.72–9.81	11.53–11.68	13.96–14.21	22.02–22.88	21.15–22.38	
Total potentially preventable hospitalisations						
Separations ^(d)	366,285	144,420	82,084	17,114	9,587	620,466
Proportion of total separations%	8.2	10.2	11.3	15.3	13.7	9.1
Separation rate ^(e)	27.77	32.54	39.17	56.77	62.97	30.77
Standardised separation rate ratio (SRR)	0.90	1.06	1.27	1.84	2.05	
95% confidence interval of SRR	0.90–0.91	1.05–1.06	1.26–1.28	1.82–1.87	2.01–2.09	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

(c) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

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

(e) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

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

n.p. Not published.

Table 4.10: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Vaccine preventable						
Influenza and pneumonia						
Separations ^(e)	3,508	2,899	2,566	2,314	2,022	13,334
Separation rate ^(f)	0.85	0.73	0.64	0.60	0.53	0.67
Standardised separation rate ratio (SRR)	1.27	1.09	0.95	0.89	0.79	
95% confidence interval of SRR	1.23–1.31	1.05–1.13	0.91–0.98	0.85–0.92	0.76–0.83	
Other vaccine-preventable conditions						
Separations ^(e)	594	493	544	488	670	2,817
Separation rate ^(f)	0.16	0.13	0.13	0.12	0.17	0.14
Standardised separation rate ratio (SRR)	1.09	0.89	0.94	0.86	1.21	
95% confidence interval of SRR	1.00–1.17	0.81–0.97	0.86–1.02	0.78–0.93	1.12–1.30	
Total vaccine-preventable conditions						
Separations ^(e)	4,099	3,387	3,109	2,801	2,692	16,141
Proportion of total separations%	0.3	0.2	0.2	0.2	0.2	0.2
Separation rate ^(f)	1.01	0.86	0.77	0.72	0.70	0.81
Standardised separation rate ratio (SRR)	1.24	1.06	0.94	0.88	0.87	
95% confidence interval of SRR	1.20–1.27	1.02–1.09	0.91–0.98	0.85–0.92	0.83–0.90	
Acute conditions						
Appendicitis with generalised peritonitis						
Separations ^(e)	621	600	655	628	615	3,121
Separation rate ^(f)	0.16	0.15	0.16	0.16	0.16	0.16
Standardised separation rate ratio (SRR)	1.00	0.98	1.01	1.00	1.02	
95% confidence interval of SRR	0.92–1.08	0.90–1.05	0.93–1.08	0.92–1.08	0.94–1.10	
Cellulitis						
Separations ^(e)	7,542	6,222	5,640	5,115	4,973	29,557
Separation rate ^(f)	1.85	1.58	1.40	1.30	1.25	1.48
Standardised separation rate ratio (SRR)	1.25	1.07	0.95	0.88	0.84	
95% confidence interval of SRR	1.23–1.28	1.04–1.10	0.92–0.97	0.86–0.90	0.82–0.87	
Convulsions and epilepsy						
Separations ^(e)	7,861	6,762	6,512	5,823	4,969	32,048
Separation rate ^(f)	2.02	1.75	1.59	1.48	1.33	1.64
Standardised separation rate ratio (SRR)	1.24	1.07	0.97	0.90	0.81	
95% confidence interval of SRR	1.21–1.26	1.05–1.10	0.95–0.99	0.88–0.93	0.79–0.83	
Dehydration and gastroenteritis						
Separations ^(e)	11,029	9,485	8,601	8,774	7,959	45,911
Separation rate ^(f)	2.74	2.44	2.14	2.21	1.96	2.29
Standardised separation rate ratio (SRR)	1.19	1.06	0.93	0.96	0.85	
95% confidence interval of SRR	1.17–1.21	1.04–1.08	0.91–0.95	0.94–0.98	0.84–0.87	

(continued)

Table 4.10 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Dental conditions						
Separations ^(e)	10,133	10,738	9,521	9,144	8,052	47,678
Separation rate ^(f)	2.57	2.76	2.31	2.34	2.20	2.44
Standardised separation rate ratio (SRR)	1.06	1.13	0.95	0.96	0.90	
95% confidence interval of SRR	1.04–1.08	1.11–1.15	0.93–0.97	0.94–0.98	0.88–0.92	
Ear, nose and throat infections						
Separations ^(e)	8,465	7,596	6,768	5,898	4,492	33,235
Separation rate ^(f)	2.16	1.95	1.63	1.52	1.29	1.72
Standardised separation rate ratio (SRR)	1.26	1.13	0.95	0.88	0.75	
95% confidence interval of SRR	1.23–1.28	1.11–1.16	0.93–0.97	0.86–0.91	0.73–0.77	
Gangrene						
Separations ^(e)	1,135	964	810	920	669	4,501
Separation rate ^(f)	0.27	0.24	0.20	0.23	0.16	0.22
Standardised separation rate ratio (SRR)	1.21	1.09	0.91	1.05	0.73	
95% confidence interval of SRR	1.14–1.28	1.02–1.16	0.85–0.98	0.99–1.12	0.67–0.78	
Pelvic inflammatory disease						
Separations ^(e)	1,326	1,322	1,252	1,193	976	6,076
Separation rate ^(f)	0.36	0.36	0.31	0.29	0.24	0.31
Standardised separation rate ratio (SRR)	1.18	1.15	0.99	0.94	0.78	
95% confidence interval of SRR	1.11–1.24	1.08–1.21	0.94–1.05	0.89–1.00	0.73–0.83	
Perforated/bleeding ulcer						
Separations ^(e)	1,287	1,110	1,055	1,066	1,063	5,589
Separation rate ^(f)	0.30	0.28	0.27	0.27	0.26	0.28
Standardised separation rate ratio (SRR)	1.08	1.00	0.97	1.00	0.94	
95% confidence interval of SRR	1.03–1.14	0.94–1.06	0.91–1.03	0.94–1.06	0.88–1.00	
Pyelonephritis						
Separations ^(e)	9,126	8,379	7,829	7,421	6,733	39,555
Separation rate ^(f)	2.22	2.12	1.96	1.89	1.66	1.97
Standardised separation rate ratio (SRR)	1.12	1.08	0.99	0.96	0.84	
95% confidence interval of SRR	1.10–1.15	1.05–1.10	0.97–1.01	0.94–0.98	0.82–0.86	
Total acute conditions						
Separations ^(e)	58,493	53,152	48,623	45,968	40,479	247,157
Proportion of total separations%	4.1	3.9	3.6	3.4	3.1	3.6
Separation rate ^(f)	14.65	13.63	11.96	11.69	10.51	12.50
Standardised separation rate ratio (SRR)	1.17	1.09	0.96	0.94	0.84	
95% confidence interval of SRR	1.16–1.18	1.08–1.10	0.95–0.97	0.93–0.94	0.83–0.85	

(continued)

Table 4.10 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Chronic conditions						
Angina						
Separations ^(e)	13,361	11,388	8,785	7,131	4,807	45,523
Separation rate ^(f)	3.05	2.82	2.21	1.84	1.17	2.24
Standardised separation rate ratio (SRR)	1.36	1.26	0.99	0.82	0.52	
95% confidence interval of SRR	1.34–1.38	1.24–1.28	0.97–1.01	0.80–0.84	0.51–0.54	
Asthma						
Separations ^(e)	9,455	8,231	7,861	7,044	5,268	37,887
Separation rate ^(f)	2.38	2.11	1.90	1.81	1.51	1.95
Standardised separation rate ratio (SRR)	1.22	1.08	0.98	0.93	0.77	
95% confidence interval of SRR	1.20–1.25	1.06–1.11	0.96–1.00	0.91–0.95	0.75–0.80	
Chronic obstructive pulmonary disease						
Separations ^(e)	16,592	12,813	11,392	9,416	7,546	57,814
Separation rate ^(f)	3.72	3.15	2.89	2.46	1.87	2.85
Standardised separation rate ratio (SRR)	1.31	1.11	1.01	0.86	0.66	
95% confidence interval of SRR	1.29–1.33	1.09–1.13	1.00–1.03	0.85–0.88	0.64–0.67	
Congestive cardiac failure						
Separations ^(e)	11,007	9,213	8,247	7,416	6,878	42,823
Separation rate ^(f)	2.51	2.27	2.11	1.91	1.60	1.60
Standardised separation rate ratio (SRR)	1.57	1.42	1.32	1.19	1.00	
95% confidence interval of SRR	1.54–1.60	1.39–1.45	1.29–1.35	1.17–1.22	0.98–1.02	
Complications of diabetes						
Separations ^(e)	47,281	38,590	35,144	28,437	20,054	169,715
Separation rate ^(f)	10.84	9.58	8.81	7.39	5.03	8.40
Standardised separation rate ratio (SRR)	1.29	1.14	1.05	0.88	0.60	
95% confidence interval of SRR	1.28–1.30	1.13–1.15	1.04–1.06	0.87–0.89	0.59–0.61	
Hypertension						
Separations ^(e)	2,287	1,537	1,048	923	812	6,617
Separation rate ^(f)	0.53	0.38	0.26	0.24	0.20	0.33
Standardised separation rate ratio (SRR)	1.63	1.17	0.80	0.72	0.61	
95% confidence interval of SRR	1.56–1.69	1.12–1.23	0.75–0.85	0.68–0.77	0.57–0.66	
Iron deficiency anaemia						
Separations ^(e)	3,856	3,861	3,802	4,016	3,755	19,314
Separation rate ^(f)	0.90	0.97	0.95	1.03	0.92	0.96
Standardised separation rate ratio (SRR)	0.94	1.01	1.00	1.07	0.96	
95% confidence interval of SRR	0.91–0.97	0.98–1.04	0.96–1.03	1.04–1.11	0.93–0.99	

(continued)

Table 4.10 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Nutritional deficiencies						
Separations ^(e)	42	19	26	34	22	143
Separation rate ^(f)	0.01	0.00	0.01	0.01	0.01	0.01
Standardised separation rate ratio (SRR)	1.41	0.65	0.88	1.22	0.80	
95% confidence interval of SRR	0.98–1.84	0.36–0.95	0.54–1.22	0.81–1.63	0.47–1.14	
Rheumatic heart disease^(g)						
Separations ^(e)	611	458	397	391	361	2,234
Separation rate ^(f)	0.15	0.11	0.10	0.10	0.09	0.11
Standardised separation rate ratio (SRR)	1.30	1.03	0.89	0.92	0.82	
95% confidence interval of SRR	1.20–1.41	0.93–1.12	0.80–0.97	0.83–1.01	0.74–0.91	
Total chronic conditions						
Separations ^(e)	98,366	81,052	72,141	61,294	46,955	360,248
Proportion of total separations%	6.8	5.9	5.4	4.5	3.6	5.3
Separation rate ^(f)	22.70	20.16	18.08	15.87	11.77	17.85
Standardised separation rate ratio (SRR)	1.27	1.13	1.01	0.89	0.66	
95% confidence interval of SRR	1.26–1.28	1.12–1.14	1.01–1.02	0.88–0.90	0.65–0.67	
Total selected potentially preventable hospitalisations						
Separations ^(e)	160,105	136,876	123,274	109,534	89,744	620,466
Proportion of total separations%	11.1	10.0	9.2	8.1	6.8	9.1
Separation rate ^(f)	38.16	34.47	30.66	28.14	22.89	31.02
Standardised separation rate ratio (SRR)	1.23	1.11	0.99	0.91	0.74	
95% confidence interval of SRR	1.22–1.24	1.11–1.12	0.98–0.99	0.90–0.91	0.73–0.74	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

(c) Based on the Australian Bureau of Statistics' SEIFA 2001 Index of Advantage/Disadvantage score for the Statistical Local Area of the patient's usual residence.

(d) Includes unknown residence area and excludes overseas residents and unknown state of residence.

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

(f) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

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

Table 4.11: Average length of stay(days)^(a) for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2003–04

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E62C Respiratory infections/inflamations W/O CC										
ALOS (days)	Public	3.75	3.20	3.25	3.70	3.33	4.19	3.38	3.74	3.50
	Private	5.67	5.76	4.91	4.53	5.45	n.p.	n.p.	n.p.	5.25
	<i>Total</i>	<i>3.88</i>	<i>3.69</i>	<i>3.68</i>	<i>3.91</i>	<i>3.72</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3.79</i>
Separations	Public	10,944	6,706	5,154	2,349	2,048	511	472	699	28,883
	Private	779	1,573	1,820	776	464	n.p.	n.p.	n.p.	5,660
	<i>Total</i>	<i>11,723</i>	<i>8,279</i>	<i>6,974</i>	<i>3,125</i>	<i>2,512</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>34,543</i>
E65B Chronic obstructive airway disease W/O catastrophic or severe CC										
ALOS (days)	Public	5.33	4.36	4.79	5.32	4.96	5.80	4.68	4.80	4.99
	Private	8.88	7.51	7.48	6.62	6.88	n.p.	n.p.	n.p.	7.54
	<i>Total</i>	<i>5.63</i>	<i>5.00</i>	<i>5.51</i>	<i>5.69</i>	<i>5.30</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>5.44</i>
Separations	Public	9,796	5,623	4,613	1,967	2,052	710	204	445	25,410
	Private	878	1,444	1,701	793	437	n.p.	n.p.	n.p.	5,537
	<i>Total</i>	<i>10,674</i>	<i>7,067</i>	<i>6,314</i>	<i>2,760</i>	<i>2,489</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>30,947</i>
E69C Bronchitis and asthma age<50 W/O CC										
ALOS (days)	Public	1.69	1.59	1.64	1.92	1.76	1.96	2.00	2.13	1.70
	Private	2.25	2.50	2.26	2.09	3.01	n.p.	n.p.	n.p.	2.33
	<i>Total</i>	<i>1.70</i>	<i>1.63</i>	<i>1.72</i>	<i>1.94</i>	<i>1.82</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.74</i>
Separations	Public	10,044	6,439	4,768	2,597	2,866	292	280	303	27,589
	Private	162	305	737	459	138	n.p.	n.p.	n.p.	1,869
	<i>Total</i>	<i>10,206</i>	<i>6,744</i>	<i>5,505</i>	<i>3,056</i>	<i>3,004</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>29,458</i>
F62B Heart failure and shock W/O catastrophic CC										
ALOS (days)	Public	6.17	4.67	5.17	5.40	5.62	6.64	5.90	4.87	5.49
	Private	9.58	8.19	8.03	7.44	6.82	n.p.	n.p.	n.p.	8.19
	<i>Total</i>	<i>6.55</i>	<i>5.57</i>	<i>6.10</i>	<i>5.98</i>	<i>5.93</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>6.10</i>
Separations	Public	8,393	6,201	3,853	1,873	2,058	476	303	173	23,330
	Private	1,049	2,150	1,870	730	705	n.p.	n.p.	n.p.	6,806
	<i>Total</i>	<i>9,442</i>	<i>8,351</i>	<i>5,723</i>	<i>2,603</i>	<i>2,763</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>30,136</i>
F71B Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC										
ALOS (days)	Public	2.55	2.26	2.26	1.85	2.24	2.58	1.81	2.78	2.34
	Private	2.41	2.49	2.65	1.87	2.22	n.p.	n.p.	n.p.	2.41
	<i>Total</i>	<i>2.53</i>	<i>2.32</i>	<i>2.40</i>	<i>1.86</i>	<i>2.23</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2.36</i>
Separations	Public	9,826	6,672	4,345	1,926	1,890	591	393	148	25,791
	Private	1,667	2,256	2,399	1,200	939	n.p.	n.p.	n.p.	8,882
	<i>Total</i>	<i>11,493</i>	<i>8,928</i>	<i>6,744</i>	<i>3,126</i>	<i>2,829</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>34,673</i>

(continued)

Table 4.11 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2003–04

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G07B Appendicectomy W/O Catastrophic or Severe CC										
ALOS (days)	Public	3.12	2.78	2.61	2.80	2.74	2.87	2.86	3.09	2.88
	Private	2.75	2.86	2.42	2.57	2.84	n.p.	n.p.	n.p.	2.64
	<i>Total</i>	<i>3.07</i>	<i>2.80</i>	<i>2.54</i>	<i>2.72</i>	<i>2.76</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2.82</i>
Separations	Public	5,815	3,842	2,740	1,655	1,057	291	342	190	15,932
	Private	865	1,110	1,671	868	379	n.p.	n.p.	n.p.	5,163
	<i>Total</i>	<i>6,680</i>	<i>4,952</i>	<i>4,411</i>	<i>2,523</i>	<i>1,436</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>21,095</i>
G08B Abdominal and other hernia procedures age 1 to 59 or W catastrophic or severe CC										
ALOS (days)	Public	1.68	1.54	1.54	1.78	1.62	1.75	1.79	2.23	1.63
	Private	1.58	1.70	1.46	1.85	1.75	n.p.	n.p.	n.p.	1.61
	<i>Total</i>	<i>1.63</i>	<i>1.61</i>	<i>1.49</i>	<i>1.82</i>	<i>1.68</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.62</i>
Separations	Public	2,067	1,676	1,281	569	595	102	104	61	6,455
	Private	2,310	1,438	1,819	756	510	n.p.	n.p.	n.p.	7,188
	<i>Total</i>	<i>4,377</i>	<i>3,114</i>	<i>3,100</i>	<i>1,325</i>	<i>1,105</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>13,643</i>
G09Z Inguinal and femoral hernia procedures age>0										
ALOS (days)	Public	1.52	1.49	1.28	1.47	1.50	1.45	1.41	1.59	1.46
	Private	1.52	1.50	1.36	1.56	1.76	n.p.	n.p.	n.p.	1.49
	<i>Total</i>	<i>1.52</i>	<i>1.50</i>	<i>1.33</i>	<i>1.53</i>	<i>1.64</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.48</i>
Separations	Public	5,323	4,625	2,951	1,461	1,478	278	217	108	16,441
	Private	7,296	5,175	4,752	2,534	1,675	n.p.	n.p.	n.p.	22,684
	<i>Total</i>	<i>12,619</i>	<i>9,800</i>	<i>7,703</i>	<i>3,995</i>	<i>3,153</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>39,125</i>
H08B Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC										
ALOS (days)	Public	1.98	1.93	1.71	2.08	1.88	1.60	1.65	2.55	1.90
	Private	1.85	2.07	1.95	2.07	2.14	n.p.	n.p.	n.p.	1.97
	<i>Total</i>	<i>1.92</i>	<i>1.99</i>	<i>1.83</i>	<i>2.08</i>	<i>2.00</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.93</i>
Separations	Public	6,195	4,737	3,378	1,256	1,688	326	246	110	17,936
	Private	5,286	3,862	3,661	1,863	1,404	n.p.	n.p.	n.p.	16,887
	<i>Total</i>	<i>11,481</i>	<i>8,599</i>	<i>7,039</i>	<i>3,119</i>	<i>3,092</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>34,823</i>
I03C Hip replacement W/O catastrophic or severe CC										
ALOS (days)	Public	7.51	7.84	7.52	7.62	6.75	7.64	7.30	n.p.	7.55
	Private	7.76	8.24	8.29	9.07	7.84	n.p.	n.p.	n.p.	8.21
	<i>Total</i>	<i>7.66</i>	<i>8.10</i>	<i>7.99</i>	<i>8.59</i>	<i>7.43</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>7.96</i>
Separations	Public	2,217	1,819	1,176	554	576	154	165	21	6,682
	Private	3,258	3,123	1,786	1,117	968	n.p.	n.p.	n.p.	10,834
	<i>Total</i>	<i>5,475</i>	<i>4,942</i>	<i>2,962</i>	<i>1,671</i>	<i>1,544</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>17,516</i>

(continued)

Table 4.11 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2003–04

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
I04Z Knee replacement and reattachment										
ALOS (days)	Public	7.45	8.28	7.28	9.65	6.43	9.09	7.02	n.p.	7.70
	Private	7.62	8.27	8.39	10.48	7.38	n.p.	n.p.	n.p.	8.27
	<i>Total</i>	<i>7.56</i>	<i>8.27</i>	<i>8.00</i>	<i>10.28</i>	<i>7.06</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>8.07</i>
Separations	Public	3,417	2,097	1,757	642	832	152	257	17	9,171
	Private	6,073	3,817	3,293	1,958	1,647	n.p.	n.p.	n.p.	17,626
	<i>Total</i>	<i>9,490</i>	<i>5,914</i>	<i>5,050</i>	<i>2,600</i>	<i>2,479</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>26,797</i>
I16Z Other shoulder procedures										
ALOS (days)	Public	1.93	1.92	1.62	1.78	1.94	n.p.	1.76	n.p.	1.86
	Private	1.64	1.76	1.68	1.74	1.79	n.p.	n.p.	n.p.	1.72
	<i>Total</i>	<i>1.69</i>	<i>1.79</i>	<i>1.67</i>	<i>1.74</i>	<i>1.82</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.74</i>
Separations	Public	1,214	1,186	798	635	479	50	82	38	4,482
	Private	5,901	5,525	3,839	3,860	2,427	n.p.	n.p.	n.p.	22,454
	<i>Total</i>	<i>7,115</i>	<i>6,711</i>	<i>4,637</i>	<i>4,495</i>	<i>2,906</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>26,936</i>
L63B Kidney and urinary tract infections age>69 W/O catastrophic CC										
ALOS (days)	Public	5.74	4.97	4.97	5.75	5.61	6.03	6.78	5.28	5.42
	Private	7.83	6.84	7.28	7.49	6.64	n.p.	n.p.	n.p.	7.25
	<i>Total</i>	<i>5.90</i>	<i>5.40</i>	<i>5.77</i>	<i>6.24</i>	<i>5.84</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>5.80</i>
Separations	Public	5,174	3,164	2,280	983	1,030	185	118	101	13,035
	Private	424	947	1,204	388	302	n.p.	n.p.	n.p.	3,381
	<i>Total</i>	<i>5,598</i>	<i>4,111</i>	<i>3,484</i>	<i>1,371</i>	<i>1,332</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>16,416</i>
M02B Transurethral prostatectomy W/O catastrophic or severe CC										
ALOS (days)	Public	3.78	3.16	3.27	3.10	3.55	3.56	3.23	n.p.	3.40
	Private	3.57	3.47	3.29	3.45	3.69	n.p.	n.p.	n.p.	3.52
	<i>Total</i>	<i>3.64</i>	<i>3.34</i>	<i>3.29</i>	<i>3.34</i>	<i>3.63</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3.47</i>
Separations	Public	1,686	2,192	822	440	515	165	66	27	5,913
	Private	3,164	2,875	2,088	999	745	n.p.	n.p.	n.p.	10,296
	<i>Total</i>	<i>4,850</i>	<i>5,067</i>	<i>2,910</i>	<i>1,439</i>	<i>1,260</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>16,209</i>
N04Z Hysterectomy for non-malignancy										
ALOS (days)	Public	4.19	4.18	3.64	4.02	3.98	3.42	4.68	4.07	4.03
	Private	4.34	4.72	4.16	4.73	4.75	n.p.	n.p.	n.p.	4.48
	<i>Total</i>	<i>4.27</i>	<i>4.42</i>	<i>3.95</i>	<i>4.43</i>	<i>4.40</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4.27</i>
Separations	Public	3,915	3,569	2,414	1,425	1,221	306	189	90	13,129
	Private	4,569	2,932	3,473	2,007	1,461	n.p.	n.p.	n.p.	15,369
	<i>Total</i>	<i>8,484</i>	<i>6,501</i>	<i>5,887</i>	<i>3,432</i>	<i>2,682</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>28,498</i>

(continued)

Table 4.11 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2003–04

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
N06Z Female reproductive system reconstructive procedures										
ALOS (days)	Public	3.25	3.06	2.61	3.02	3.07	3.15	3.74	n.p.	3.04
	Private	3.31	3.25	2.81	3.78	3.99	n.p.	n.p.	n.p.	3.34
	<i>Total</i>	3.28	3.16	2.74	3.49	3.65	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3.22
Separations	Public	2,148	1,766	1,279	775	613	165	84	22	6,852
	Private	3,142	2,085	2,190	1,271	1,020	n.p.	n.p.	n.p.	10,148
	<i>Total</i>	5,290	3,851	3,469	2,046	1,633	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	17,000
O01C Caesarean delivery W moderate complicating diagnosis										
ALOS (days)	Public	4.62	4.60	3.93	4.78	4.88	4.69	4.68	5.29	4.52
	Private	5.66	5.48	5.10	6.50	6.39	n.p.	n.p.	n.p.	5.67
	<i>Total</i>	4.98	4.95	4.47	5.74	5.49	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	5.00
Separations	Public	11,529	8,485	6,590	2,721	2,400	566	477	471	33,239
	Private	6,169	5,472	5,644	3,439	1,636	n.p.	n.p.	n.p.	23,562
	<i>Total</i>	17,698	13,957	12,234	6,160	4,036	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	56,801
O60B Vaginal delivery W severe complicating diagnosis										
ALOS (days)	Public	3.12	3.04	2.70	3.31	3.23	3.74	3.04	3.44	3.06
	Private	4.46	4.40	4.25	4.87	4.76	n.p.	n.p.	n.p.	4.48
	<i>Total</i>	3.43	3.43	3.16	3.89	3.65	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3.46
Separations	Public	32,686	23,799	15,801	7,287	6,034	1,690	1,631	1,149	90,077
	Private	10,107	9,603	6,638	4,293	2,276	n.p.	n.p.	n.p.	35,173
	<i>Total</i>	42,793	33,402	22,439	11,580	8,310	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	125,250
R61B Lymphoma and non-acute leukaemia W/O catastrophic CC										
ALOS (days)	Public	5.11	4.32	4.39	4.85	4.21	5.43	7.86	n.p.	4.75
	Private	4.80	3.93	5.05	3.21	4.06	n.p.	n.p.	n.p.	4.29
	<i>Total</i>	5.05	4.14	4.81	3.91	4.15	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	4.55
Separations	Public	3,066	2,327	1,081	757	939	209	172	20	8,571
	Private	772	2,122	1,878	1,008	562	n.p.	n.p.	n.p.	6,526
	<i>Total</i>	3,838	4,449	2,959	1,765	1,501	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	15,097
U63B Major affective disorders age<70 W/O catastrophic or severe CC										
ALOS (days)	Public	13.47	11.52	11.45	14.76	10.24	13.09	14.21	11.44	12.33
	Private	19.63	17.89	16.66	16.11	17.33	n.p.	n.p.	n.p.	17.49
	<i>Total</i>	14.92	13.98	13.64	15.32	11.89	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	14.06
Separations	Public	5,437	4,046	3,231	1,861	2,468	450	242	169	17,904
	Private	1,679	2,549	2,344	1,312	746	n.p.	n.p.	n.p.	9,056
	<i>Total</i>	7,116	6,595	5,575	3,173	3,214	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	26,960

(a) Separations for which the care type was reported as *Acute*, *Unknown* and *Newborn* with qualified days. Excludes separations where the length of stay was greater than 120 days.

n.p. Not published.

Main abbreviations: ALOS—average length of stay, CC—complications and comorbidities, CDE—common duct exploration, W/O—without, W—with.

Table 4.12: Relative stay index^{(a)(b)}, by hospital sector, patient election status and funding source states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(c)	1.02	0.93	0.93	1.03	0.95	1.04	1.04	1.19	0.98
Public ^(d)	1.02	0.92	0.93	1.03	0.95	1.04	1.04	1.19	0.98
Private patients	1.06	0.95	0.95	1.01	0.98	0.97	1.02	1.20	1.01
Private health insurance	1.07	0.97	0.99	1.00	1.01	0.87	1.05	0.98	1.03
Self-funded	0.98	0.89	0.79	0.76	0.85	..	0.81	1.33	0.91
Workers compensation	1.09	1.05	1.07	1.19	0.99	1.14	1.01	1.33	1.08
Motor vehicle third party personal claim	1.30	0.91	1.19	1.16	1.23	1.27	1.19	1.50	1.10
Department of Veterans' Affairs	1.02	0.93	0.91	0.96	0.93	1.04	0.97	1.02	0.97
Other ^(e)	1.68	1.16	1.01	1.16	1.02	1.09	1.04	1.12	1.21
Patient election status not reported	1.00	0.90	..	..	..	0.90	..	..	0.91
Total	1.03	0.93	0.93	1.02	0.96	1.03	1.04	1.19	0.98
Private hospitals									
Public patients ^(c)	1.23	0.93	0.96	0.92	1.07	n.p.	n.p.	n.p.	0.95
Public ^(d)	1.23	0.93	0.96	0.92	1.07	n.p.	n.p.	n.p.	0.95
Private patients	1.04	1.01	1.03	1.11	1.02	n.p.	n.p.	n.p.	1.04
Private health insurance	1.05	1.01	1.03	1.10	1.03	n.p.	n.p.	n.p.	1.04
Self-funded	0.88	0.85	0.82	0.81	0.77	n.p.	n.p.	n.p.	0.84
Workers compensation	0.97	1.07	0.88	0.91	1.00	n.p.	n.p.	n.p.	0.99
Motor vehicle third party personal claim	0.82	0.98	1.12	1.00	1.10	n.p.	n.p.	n.p.	1.03
Department of Veterans' Affairs	1.17	1.04	1.14	1.34	0.99	n.p.	n.p.	n.p.	1.13
Other ^(e)	0.90	0.60	0.91	0.98	0.89	n.p.	n.p.	n.p.	0.91
Patient election status not reported	1.00	0.94	..	..	..	n.p.	n.p.	n.p.	0.78
Total	1.04	1.01	1.03	1.09	1.02	n.p.	n.p.	n.p.	1.04
All hospitals									
Public patients ^(c)	1.02	0.92	0.93	1.02	0.95	n.p.	n.p.	n.p.	0.98
Public ^(d)	1.02	0.92	0.93	1.02	0.95	n.p.	n.p.	n.p.	0.98
Private patients	1.05	1.00	1.02	1.09	1.01	n.p.	n.p.	n.p.	1.03
Private health insurance	1.05	1.01	1.02	1.09	1.02	n.p.	n.p.	n.p.	1.04
Self-funded	0.91	0.86	0.81	0.80	0.79	n.p.	n.p.	n.p.	0.86
Workers compensation	1.02	1.07	0.95	0.99	1.00	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.29	0.92	1.19	1.13	1.21	n.p.	n.p.	n.p.	1.09
Department of Veterans' Affairs	1.08	0.99	1.10	1.21	0.95	n.p.	n.p.	n.p.	1.06
Other ^(e)	1.54	1.02	0.98	1.09	0.94	n.p.	n.p.	n.p.	1.12
Patient election status not reported	1.00	0.91	..	..	..	n.p.	n.p.	n.p.	0.88
Total	1.03	0.96	0.97	1.05	0.98	n.p.	n.p.	n.p.	1.00

(a) Separations for which the care type was reported as *Acute* or *Newborn* with qualified days, or was *Not reported*.

(b) Relative stay index based on all hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(c) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care agreements*, *Reciprocal Health Care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in *Public psychiatric hospitals*.

(d) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in *Public psychiatric hospitals*.

(e) Includes patients whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

.. Not applicable.

n.p. Not published

Table 4.13: Relative stay index^(a), directly and indirectly standardised by hospital sector, and medical/surgical/other type of AR-DRG, states and territories, 2003–04

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index^(b)									
Public hospitals	1.03	0.93	0.93	1.02	0.96	1.03	1.04	1.19	0.98
Medical	1.01	0.90	0.91	1.02	0.94	1.02	1.06	1.15	0.96
Surgical	1.07	0.99	0.98	1.04	1.00	1.04	1.02	1.30	1.03
Other	1.19	0.95	1.06	1.00	0.99	1.07	0.96	1.25	1.06
Private hospitals	1.04	1.01	1.03	1.09	1.02	n.p.	n.p.	n.p.	1.04
Medical	1.25	1.06	1.12	1.13	1.11	n.p.	n.p.	n.p.	1.14
Surgical	0.94	0.97	0.96	1.06	0.95	n.p.	n.p.	n.p.	0.97
Other	0.88	0.95	0.97	0.98	0.92	n.p.	n.p.	n.p.	0.94
All hospitals	1.03	0.96	0.97	1.05	0.98	n.p.	n.p.	n.p.	1.00
Medical	1.04	0.94	0.98	1.05	0.97	n.p.	n.p.	n.p.	1.00
Surgical	1.02	0.98	0.97	1.05	0.98	n.p.	n.p.	n.p.	1.00
Other	1.05	0.95	1.00	0.99	0.96	n.p.	n.p.	n.p.	1.00
Directly standardised relative stay index^(c)									
Public hospitals	1.05	0.94	0.95	1.03	0.97	1.07	1.08	n.p.	0.99
Medical	1.03	0.90	0.92	1.03	0.95	1.07	1.10	n.p.	0.96
Surgical	1.08	1.01	0.99	1.05	1.00	1.07	1.04	n.p.	1.03
Other	1.19	0.97	1.07	1.01	0.99	1.14	1.10	n.p.	1.06
Private hospitals	1.16	1.06	1.10	1.12	1.06	n.p.	n.p.	n.p.	1.10
Medical	1.31	1.12	1.16	1.17	1.13	n.p.	n.p.	n.p.	1.17
Surgical	0.93	0.96	0.96	1.06	0.96	n.p.	n.p.	n.p.	0.96
Other	0.87	0.94	0.98	0.98	0.93	n.p.	n.p.	n.p.	0.93
All hospitals	1.04	0.96	0.98	1.05	0.98	n.p.	n.p.	n.p.	1.00
Medical	1.05	0.94	0.98	1.06	0.98	n.p.	n.p.	n.p.	1.00
Surgical	1.02	0.99	0.97	1.05	0.99	n.p.	n.p.	n.p.	1.00
Other	1.06	0.95	1.00	0.99	0.97	n.p.	n.p.	n.p.	1.00

(a) Separations for which the care type was reported as *Acute* or *Newborn* with qualified days, or was *Not reported*.

(b) The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(c) The directly standardised relative stay index is rescaled so each group represents the national casemix and is therefore directly comparable between cells.

n.p. Not published

Table 4.14: Separations^(a) with an adverse event^(b) by hospital sector^(c), Australia, 2003–04

Adverse event	Public		Private		Total	
	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations
External cause codes						
Y40–Y59 Adverse effects of drugs, medicaments and biological substances	65,781	1.6	17,241	0.7	83,022	1.2
Y60–Y82 Misadventures to patients during surgical and medical care	7,268	0.2	2,500	0.1	9,768	0.1
Y83–Y84 Procedures causing abnormal reactions/complications	137,539	3.3	68,782	2.6	206,321	3.0
Y88 & Y95 Other external causes of adverse events	4,254	0.1	738	0.0	4,992	0.1
Place of occurrence codes						
Y92.22 Health service area	199,258	4.7	86,214	3.3	285,472	4.2
Diagnosis codes						
E89, G97, H59, H95, I97, J95, K91, M96 Selected post-procedural disorders	31,541	0.8	16,202	0.6	47,743	0.7
T81.0 Haemorrhage and haematoma complicating a procedure, n.e.c.	19,287	0.5	10,819	0.4	30,106	0.4
T81.4 Infection following a procedure, n.e.c.	21,007	0.5	9,092	0.3	30,099	0.4
T82–T85 Complications of internal prosthetic devices, implants and grafts	41,736	1.0	21,422	0.8	63,158	0.9
Other diagnoses of complications of medical and surgical care (T80 to T88 and T98.3, not including above)	34,271	0.8	12,814	0.5	47,085	0.7
Total ^(d)	224,794	5.4	94,527	3.6	319,321	4.7

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation. Other ICD-10-AM codes may also indicate that an adverse event has occurred, and some adverse events are not identifiable using ICD-10-AM codes. Hence these data will underestimate the total number of adverse events.

(c) The data for public hospitals is not comparable with the data for private hospitals because their casemixes differ and recording practices may also differ.

(d) Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe an adverse event.

n.e.c. Not elsewhere classified.

5 Non-admitted patient emergency department care

Introduction

This chapter presents information on public hospital emergency department care for non-admitted patients. Three types of data were used (Table 5.1):

- Information on the number of emergency department occasions of service (5,864,232 occasions of service) was available for all public hospitals (Table 5.2).
- For 4,390,591 occasions of service (75%), information was available on waiting times, triage category and the proportions of patients admitted to hospital (Tables 5.3 and 5.4).
- For 4,308,319 occasions of service (73%), detailed episode-level data were available on the sex and age of the patient, the type of visit, the triage category the patient was assigned at the time of presentation, their mode of arrival at the emergency department, their departure status, the waiting time and the total duration of the non-admitted patient emergency department care (Tables 5.5 to 5.10).

Summary data on the numbers of emergency department occasions of service, waiting times, triage category and proportions of patients admitted are included in the Emergency Department Waiting Times Data Collection within the National Public Hospital Establishments Database (NPHEd).

The detailed episode-level data available for 73% of occasions of service are sourced from the Institute's National Non-admitted Patient Emergency Department Care Database, a compilation of episode-level data for emergency department occasions of service in public hospitals. The Database is based on the National Minimum Data Set for Non-admitted patient emergency department care, as defined in the *National Health Data Dictionary* version 12.0 (NHDC 2003).

Due to differences in the collection, scope and coverage of the sources of data (as detailed below), the statistics in this chapter should be interpreted with reference to the notes on the data collections in this chapter, in Chapter 1 and in Appendix 4.

In previous *Australian Hospital Statistics* reports, data on accident and emergency occasions of service were presented in Chapter 2 and data on emergency department waiting times were presented in Chapter 4.

Coverage of the collection

Occasion of service counts

Data on emergency department occasions of service were sourced from NPHEd, which has essentially full coverage of public hospitals (see Appendix 4). There were variations in the type of activity reported for emergency department occasions of service. For South Australia, the NPHEd occasions of service data included emergency presentations only, while for other

jurisdictions, both emergency presentations and other types of occasions of service may have been included. For Tasmania, the NPHED emergency department occasions of service data did not include patients who were dead on arrival, however, they were included in the episode-level data which therefore recorded higher counts of occasions of service for some hospitals. For some other hospitals in some other jurisdictions, occasions of service counts derived from the episode-level data were similarly higher than the counts reported to NPHED, suggesting that the latter were under-enumerated. For these reasons, the number of emergency department occasions of service presented in Tables 5.1 and 5.2 may be under-enumerated for some jurisdictions and, therefore, the estimates of coverage presented in this chapter may not be comparable among jurisdictions.

Waiting times, triage category and proportion admitted

South Australia reported aggregate data on emergency department waiting times (with triage category and proportion admitted) for NPHED for all peer group A and B hospitals and for five other hospitals. The data were available for 66% of South Australian emergency presentations overall (Table 5.1). Western Australia reported waiting times (and triage category and proportion admitted) data within the episode-level data for some hospitals and as other unit-record level data for other hospitals (estimated coverage of 100%). The other states and territories reported waiting times data as part of the episode-level data, with coverage ranging from 61% in Queensland to 94% in the Northern Territory. Overall, the coverage of the waiting times data (excluding invalid data, as noted below) was estimated at approximately 75% of the reported number of emergency department occasions of service.

For 2002–03, the Emergency Department Waiting Times data presented in Table 4.13 in *Australian Hospital Statistics 2002–03* (AIHW 2004a) did not include one peer group A hospital in New South Wales, one peer group A and 11 peer group B hospitals in Victoria. For 2002–03, Western Australia also provided aggregate data for 74 *Medium* and *Small* hospitals, and South Australia provided data for six *Medium* hospitals. Estimated coverage overall was 71% in 2002–03, and was 63% in 2001–02 (Table 5.3).

Episode-level data

The scope of the NPHED for Non-admitted patient emergency department care is non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (*Principal referral* and *Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian Hospital Statistics 2002–03* (AIHW 2004a). The peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity. The application of this classification for the analysis of non-admitted patient activity may be limited.

For 2003–04, all states and territories were able to provide episode-level data to the National Non-admitted Patient Emergency Department Care Database for public hospitals in peer groups A and B. The exceptions were one hospital in peer group A in Queensland and one hospital in peer group B in New South Wales that was categorised as a *Medium hospital* in 2002–03. All peer group A and B hospitals in South Australia, Western Australia and Victoria reported episode-level data; however, data were not available for all occasions of service, and coverage was estimated at about 85%, 96% and 97%, respectively. For hospitals in peer groups A and B, the overall coverage was approximately 98% of the reported number of emergency department occasions of service (Table 5.1).

Some states and territories also provided episode-level data for public hospitals which were classified to other peer groups, and these data have been included in this chapter. The Northern Territory supplied episode-level data for all public hospitals, Victoria provided data for seven *Medium hospitals*, South Australia provided data for one *Medium hospital* and Western Australia provided data for three *Medium hospitals* and two *Small remote hospitals*. Coverage overall was 73% of the reported number of emergency department occasions of service, ranging from 100% for the Australian Capital Territory and the Northern Territory to 58% for South Australia (Table 5.1).

Limitations of the data

This is the first year that the episode-level data on emergency department care have been collected on a national basis. As this is the first year of collection, certain issues of definition have not been resolved and therefore comparability across jurisdictions may be limited. For example:

- There is variation in the point at which the occasion of service is recorded as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital. For patients admitted within the emergency department, it is the time that the patient's episode of admitted care ends, and the patient leaves the emergency department in Victoria, New South Wales, Queensland, Western Australia and the Northern Territory. In South Australia, Tasmania and the Australian Capital Territory, it is when the patient is admitted within the emergency department. For patients admitted elsewhere in the hospital, it is when the patient physically leaves the emergency department in Victoria, New South Wales, Queensland, Western Australia and the Australian Capital Territory; and when the patient is admitted (regardless of whether they leave the emergency department at that time or later) in South Australia, Tasmania and the Northern Territory. This variation is likely to have significantly impacted on the comparability of data on the duration of the occasions of service (Table 5.10).
- There is variation in the point at which patients are recorded as admitted, if their emergency department occasion of service ends in admission either within the emergency department or elsewhere in the hospital. This variation is likely to have affected the comparability of data on the duration of the occasion of service for those states or territories for which the occasion of service was defined as completed at the time of admission (South Australia, Tasmania and the Northern Territory). In Victoria, the admission time is recorded as the time of commencement of the service event for both patients admitted within the emergency department and patients admitted elsewhere in the hospital; however, as noted above, the occasion of service is not recorded as complete until the patient has physically left the emergency department. For other states and territories, the time of admission could be recorded at the time of the clinician's decision to admit, at the time of completion of admission paperwork, at the time of bed request, when the patient leaves the emergency department or at a specified time after the commencement of service. These practices may vary both among and within hospitals for some jurisdictions.
- There is also some variation in the occasions of service reported as subsequently admitted. Patients admitted within the emergency department are not separately identified within the Victorian episode-level data (Tables 5.8 and 5.9), but Victoria was able to quantify them from its admitted patient data collection (Table 5.4). Other states and territories reported such patients as being subsequently admitted.

In addition, the proportion of patients seen on time has previously been reported using data provided by the states and territories using state- and territory-specific interpretation of the *National Health Data Dictionary* triage category criteria for 'seen on time'. For this report, the criteria have been standardised (as detailed below). Therefore, the waiting times data published here for 2003–04 may not be directly comparable with data published for previous years and may differ from those published by the states and territories.

Remoteness Area of hospital

Table 5.2 presents data on accident and emergency non-admitted occasions of service in public hospitals by Remoteness Area of the hospital. These data are derived from the occasions of service data provided to the NPHEd for 2003–04 (see Table 5.1).

There were 5,864,232 emergency department occasions of service reported for 2003–04, including 3,159,490 (53.9%) in *Major cities*.

Table 5.2 also presents the ratio of the number of occasions of service provided in the area to the number of residents in the area. This represents an approximation of the utilisation of accident and emergency services by the resident population, because services provided in one area may be provided to persons residing in other Remoteness Area categories. The analysis by Remoteness Area is of less relevance to geographically smaller jurisdictions and those jurisdictions with smaller populations residing in remote areas (such as the Australian Capital Territory and Victoria). For Victoria, it was not possible to separately identify emergency department occasions of service in hospital campuses located in remote areas.

The ratio varied from 240 per 1,000 population in *Major cities* to 836 per 1,000 population in *Remote* areas. The pattern of utilisation may reflect a number of factors including the availability of other health care services (such as primary care practitioners), patterns of occurrence of accidents causing injury, and the relatively poor health of Indigenous people who have higher population concentrations in remote areas.

Triage category and other data elements reported for emergency department care

Figure 5.1 presents data on patients who were assigned a triage category of *Resuscitation* at the time of presentation at the emergency department. The information presented for the total occasions of service and for counts by state and territory and by hospital peer group were based on occasions of service for which waiting times data was available (75% of occasions of service). The other information is derived from the episode-level data which were available for 73% of emergency department occasions of service (see Table 5.1).

There were 34,338 emergency department occasions of service that were assigned a triage category of *Resuscitation* in 2003–04. They were reported by 66 hospitals that were classified as *Principal referral and women's and children's hospitals*, 47 *Large hospitals* and 28 *Other hospitals*. The average length of the service episode (from triage to the end of the non-admitted patient emergency department occasion of service) for *Resuscitation* patients was 4 hours and 34 minutes, ranging from 2 hours and 54 minutes for patients in a hospital in a peer group other than A or B to 4 hours and 57 minutes for patients in a *Principal referral and women's and children's hospital*. Overall, approximately 100% of *Resuscitation* patients received treatment within 2 minutes. The proportion of *Resuscitation* patients who were subsequently admitted

ranged between 30% in *Other hospitals* and 76% in *Principal referral and women's and children's hospitals*.

Over 61% of *Resuscitation* patients were male, and over 22% of patients were aged 75 years and over. The most common arrival mode--transport for *Resuscitation* patients was *Ambulance* (84.8%) and 72.6% of *Resuscitation* patients had a departure status of *Admitted to this hospital* (which includes admission within the emergency department). The most common time of day for the arrival of a *Resuscitation* patient was between 6pm and 8pm (11.1%) and the number of arrivals for these patients was lowest between 4am and 6am.

Waiting times

The *National Health Data Dictionary* definition for Emergency department waiting time to service delivery is 'The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse'. Waiting times statistics are presented in Tables 5.3 and 5.4 by triage category and hospital peer group.

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2003). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- Resuscitation: immediate (within seconds)
- Emergency: within 10 minutes
- Urgent: within 30 minutes
- Semi-urgent: within 60 minutes
- Non-urgent: within 120 minutes.

Waiting times and related data were available for 75% of occasions of service in 2003-04 (see Table 5.1). The waiting time was missing or invalid for 114,257 records for which episode-level data were available, and these records were excluded from data presented in Tables 5.3 and 5.4.

For 2003-04, the number of patients seen on time was determined as the number of patients in each triage category whose waiting time was less than or equal to the maximum waiting time stated in the National Triage Scale definition. *Resuscitation* patients whose waiting time for treatment was less than or equal to 2 minutes were considered to have been seen on time, except for South Australia. For that state, data on the proportions of *Resuscitation* patients seen on time were only available calculated using a cut-off point of 1 minute. For *Australian Hospital Statistics 2004-05*, *Resuscitation* patients will be considered to be seen on time if they waited 1 minute or less.

For 2001-02 and 2002-03, the number of patients seen on time was supplied by the states and territories as part of the summary data provided to NPHEd. For those years, the criteria for calculating the proportion of *Resuscitation* patients who were seen on time varied between jurisdictions, with a cut-off point of less than 1 minute for Tasmania and the Northern Territory, less than or equal to 1 minute for Victoria, Queensland and South Australia and less than or equal to 2 minutes for New South Wales and Western Australia. Hence, data on the proportion of *Resuscitation* patients who were seen on time are not completely comparable between 2003-04 and earlier years, and the data for 2003-04 will differ from data

calculated on state-based criteria for Victoria, Queensland, Tasmania and the Northern Territory.

For 2003–04, the estimated number of patients subsequently admitted included those occasions of service with episode-level data for which the departure status was reported as *Admitted to this hospital*, except for South Australia, Victoria and some hospitals in Western Australia (for which separate estimates of the proportions of patient admitted were used). For 2001–02 and 2002–03, the estimated proportion of patients subsequently admitted was supplied by the states and territories as part of the aggregate data provided for NPHED.

Changes 2001–02 to 2003–04

Table 5.3 presents national emergency department waiting times data by public hospital peer group and triage category for the years 2001–02, 2002–03 and 2003–04. Due to differences over time in the scope, method of collection and method of analysis these data should be interpreted with caution. The data for 2003–04 derived from the episode-level data include only those episodes where the type of visit was reported as *Emergency presentation* or was not reported and for which there were valid waiting times data. However, data for South Australia, and some data for Western Australia, were provided without information on whether the occasion of service was an emergency presentation, so all occasions of service for which waiting times data were available were included. The data for 2001–02 and 2002–03 were sourced from the aggregate data provided by the states and territories as part of NPHED. The estimated proportion of emergency presentations for 2001–02 and 2002–03 was calculated using the assumption that all occasions of service reported were emergency presentations (for which waiting times are applicable). This assumption was also used for the South Australian and Western Australian waiting times data for 2003–04. Based on these estimates the national coverage for these data increased from 63% in 2001–02 to 75% in 2003–04. Data on the proportions of patients subsequently admitted for Victoria were sourced for this table and Table 5.4 from aggregate data rather than the episode-level data because admissions within emergency departments, whilst included, were not able to be separately identified in the episode-level data.

In 2003–04 there were 5,864,232 emergency department occasions of service reported for public hospitals to NPHED, and there were 4,390,591 emergency presentations reported with waiting times data. Between 2001–02 and 2003–04 the number of emergency department occasions of service increased by 1.9% from 5,754,666 (Table 5.3). However, this may reflect the inclusion of non-emergency presentation occasions of service for some jurisdictions for the 2003–04 data that may not have been previously provided.

The proportion of emergency visits by triage category remained fairly stable between 2001–02 and 2003–04. Approximately 1% of patients who presented at an emergency department in 2003–04 were assigned a triage category of *Resuscitation*, while 8% were *Emergency*, 30% were *Urgent*, 46% were *Semi-urgent* and 15% were *Non-urgent*.

For the period 2001–02 to 2003–04, for all triage categories combined, the number of patients seen on time increased from 64% to 72%. The proportion of patients seen on time remained relatively stable for most triage categories and increased each year for the *Urgent* category.

The proportion of patients subsequently admitted decreased from 30% in 2001–02 to 27% in 2003–04, and for all triage categories and for both *Principal referral and women's and children's hospitals* and *Large hospitals*.

States and territories, 2003–04

Table 5.4 presents the number of emergency visits by triage category, public hospital peer group and state or territory in 2003–04, and the proportions of these visits that were seen on time and subsequently admitted. Emergency department waiting times are regarded as indicators of responsiveness of the acute care sector (NHPC 2004) (see Chapter 4).

For the purpose of this report, a patient with a triage category of *Resuscitation*, was considered to be seen on time if their waiting time to service delivery was less than or equal to two minutes. There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time (as detailed above), therefore these data may differ from those reported by individual jurisdictions and comparability with previous reporting periods may be limited. For South Australia, the aggregate data presented in this table used a cut-off point of less than or equal to one minute for the *Resuscitation* category. Therefore the proportions of *Resuscitation* patients seen on time for South Australia are not comparable to these data for other jurisdictions.

Overall, for all triage categories, the proportion of patients receiving emergency department care within the required time was 72%, varying from 50% in South Australia to 80% in Victoria and Western Australia. Nationally, approximately 99% of *Resuscitation* patients, and 76% of *Emergency* patients were seen on time.

For the data presented in previous year's reports, Victoria and Queensland (and South Australia) calculated the proportion of *Resuscitation* patients seen on time using a cut-off point of less than or equal to one minute, while Tasmania and the Northern Territory used a cut-off point of less than one minute. Using these cut-off points for the 2003–04 data, in Queensland, the proportions of *Resuscitation* patients seen on time were 100% in both *Principal referral and women's and children's hospitals* and *Large hospitals* and also 100% overall. For Victoria, the proportions of *Resuscitation* patients seen on time were 99% in *Principal referral and women's and children's hospitals*, 100% in *Large hospitals* and 99% overall. For Tasmania, the proportions of *Resuscitation* patients seen on time were 95%, 66% and 92% respectively. For the Northern Territory, the proportion of *Resuscitation* patients seen on time was unchanged for all hospital peer groups. For Australia, using these cut-off points for the individual states, there was no change to the overall proportion of *Resuscitation* patients seen on time.

There was some variation among the states and territories in the proportions of patients in each triage category. Overall, Queensland had the lowest proportion of *Resuscitation* emergency visits (0.6%) while the Australian Capital Territory reported the highest proportion (1.2%). For the triage category *Non-urgent*, the Australian Capital Territory reported the highest proportion (25.4%), and South Australia reported the lowest (5.7%).

The comparability of the data may be influenced by the comparability of the triage categories among the states and territories. Although the triage category is not a measure of the need for admission to hospital, the proportions of patients in each category that were admitted can be used as an indication of the comparability of the triage categorisation.

Nationally, 27% of all emergency visits were subsequently admitted to the hospital. New South Wales, Victoria and South Australia had higher proportions of patients subsequently admitted than the national figures in the triage categories *Resuscitation*, *Emergency* and *Urgent*, while Western Australia had the lowest proportion of patients subsequently admitted in the categories *Urgent*, *Semi-urgent* and *Non-urgent*.

Type of emergency department visit

Table 5.5 presents occasion of service statistics by type of visit, hospital peer group and state or territory for 2003–04. This table is based on the episode-level data that were available for 73% of emergency department occasions of service.

The data element type of visit to emergency department describes the reason the patient presented to the emergency department. The type of visit can be reported as *Emergency presentation*, *Return visit–planned*, *Pre-arranged admission*, *Patient in transit* (to another facility) or *Dead on arrival*. Not all states and territories reported occasions of service for all categories of type of visit. Tasmania and the Australian Capital Territory did not report any occasions of service with a type of visit of *Pre-arranged admission* or *Patient in transit*, while the Northern Territory did not report any occasions of service with a type of visit of *Pre-arranged admission*. Nationally, 95.4% of occasions of service were *Emergency presentations*, while 3.3% were reported as *Return visit–planned*. The proportion of occasions of service which were *Emergency presentations* was almost 98% for hospitals in peer group A. Western Australia had the highest proportion of occasions of service that were reported as *Emergency presentations* (98.8%), and for New South Wales 0.8% of occasions of service were reported as *Pre-arranged admission*. For 12.1% of occasions of service in South Australia the type of visit was not reported.

Sex and age group

Table 5.6 presents data on the sex and age group of patients who presented to an emergency department. This table is based on the episode-level data that were available for 73% of emergency department occasions of service.

Data on the sex of each non-admitted patient were reported as male, female, indeterminate or not stated/inadequately described. All states and territories supplied the date of birth of the patient for the database, from which the AIHW calculated the age of the patient by subtracting the date of birth of the patient from their date of presentation. The 269 records for which the sex of the patient was not provided and the 2,136 records for which date of birth was not provided have been included in the totals of Table 5.6.

Males accounted for 52.5% of emergency department occasions of service. There were more occasions of service for males than females in all age groups from 0 to 75 years and there were more occasions of service for females than males for persons aged over 75 years. The most common age groups reported for non-admitted patient emergency department care were 15–24 years (15.3%), followed by 25–34 years (14.9%) and 0–4 years (12.8%).

Indigenous status

Table 5.7 presents Indigenous status data by state and territory. This table is based on the episode-level data that were available for 73% of emergency department occasions of service.

The data on Indigenous status were supplied by all states and territories according to the *National Health Data Dictionary* definition. As the coverage of this data collection is largely public hospitals which were classified in peer groups A and B in *Australian Hospital Statistics 2002–03* (AIHW 2004a), most of the data relates to hospitals within major cities. Consequently, the coverage may not include areas where the proportion of Indigenous

people (compared with other Australians) may be higher than average. Therefore these data may not be indicative of the rate of usage of emergency department services by Indigenous people nationally.

Nationally, 4.2% of all patients presenting to an emergency department had an Indigenous status of Aboriginal and/or Torres Strait Islander. The Northern Territory had the highest proportion of occasions of service involving Indigenous persons (41.4%), while Victoria recorded the lowest percentage (1.0%).

Quality of Indigenous status data

Overall, the quality of the data provided for Indigenous status in 2003–04 is considered to be in need of improvement, being considered acceptable for only Western Australia and the Northern Territory. Most states and territories cautioned that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients. The quality of data on Indigenous status varies by jurisdiction, and so the data should be used with caution.

For 2003–04, the New South Wales Health Department reports that its data were in need of improvement (for more detail see Chapter 8), and assumes that the data collected in the emergency department is less accurate than the admitted patient data due to difficulties sometimes experienced with data collection at the time of presentation at the emergency department.

Western Australia reported that the quality of the emergency department Indigenous status data is considered to be acceptable, and to be more reliable in rural and remote areas.

For Tasmania and Victoria, the quality of Indigenous status data is considered to be similar to that of admitted patients in public hospitals. Tasmania is in the process of investigating the reasons for a high proportion of occasions of service for which the Indigenous status was not reported.

Queensland Health noted that for the 2003–04 financial year Indigenous status was not reported for 12% of hospital separations and that the reporting of Indigenous status for non-admitted patients was likely to be of a quality similar to that for admitted patients (for more detail, see Chapter 8).

The Northern Territory Department of Health and Community Services reports that the quality of its 2003–04 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners follow up on these clients. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

The Australian Capital Territory Health department has been closely monitoring Indigenous status data in its public hospitals, and has noted a significant reduction in the number of records with an unknown Indigenous status. The Australian Capital Territory is preparing to conduct an investigation into why some Indigenous patients are not identified in both the admitted and non-admitted data collections, in order to introduce processes to improve the rate of Indigenous identification.

The South Australian Department of Health reported that the quality of Indigenous status data is higher for admitted patients than non-admitted emergency department patients, as evidenced by the high proportion of 'Not Reported' responses in Table 5.7.

Arrival mode—transport and departure status

The data element emergency department arrival mode—transport could be reported as *Ambulance, air ambulance or helicopter rescue service, Police/correctional services vehicle* or *Other*. The category *Other* includes patients who walked to the emergency department, or who came by private transport, public transport, community transport or taxi.

The emergency department departure status could be reported as *Admitted to this hospital* (including to units or beds within the emergency department), *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital*, *Referred to another hospital for admission*, *Did not wait to be attended by a health care professional*, *Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed*, *Died in emergency department as a non-admitted patient* or *Dead on arrival, not treated in emergency department*.

Table 5.8 presents national data on the arrival mode and the departure status of the patient, by triage category for the 73% of occasions of service for which episode-level data were available. Arrival mode was not reported for about 6% of Western Australian, 3% of South Australian and over 10% of Northern Territory records.

The majority of patients who presented at an emergency department reported an arrival mode of *Other* (76.1%) (Table 5.8). For patients who were assigned a triage category of *Resuscitation*, 84.8% reported an emergency department arrival mode of *Ambulance, air ambulance or helicopter rescue service*, while for patients who were assigned a triage category of *Semi-urgent*, 83.0% reported an emergency department arrival mode of *Other*. The majority of patients reported a departure status of *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital* (64.7%). However, the proportion of patients who reported this departure status varied markedly by triage category, accounting for only 12% of *Resuscitation* patients. The category *Did not wait to be attended by a health care professional* was reported for about 5% of emergency department occasions of service.

Table 5.9 presents summary data on the arrival mode and the departure status of the patient, by state and territory for the 73% of occasions of service for which episode-level data were available. Departure status was not reported for almost 20% of Western Australian and over 9% of South Australian records.

South Australia reported the highest proportion of occasions of service with an arrival mode of *Ambulance, air ambulance or helicopter rescue service* (25.1%), while the Australian Capital Territory had the highest proportion of occasions of service with an arrival mode of *Other* (83.6%). For jurisdictions which reported departure status for over 95% of occasions of service, the Australian Capital Territory had the highest proportion of occasions of service with a departure status of *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital* (71.9%) and the lowest proportion of occasions of service for which the patient was either admitted to the same hospital or referred to another hospital for admission (20.2%). Patients admitted within the emergency department are not separately identified within the Victorian episode-level data, but Victoria was able to quantify them from its admitted patient data collection (Table 5.4).

Length of non-admitted patient emergency department occasion of service

Table 5.10 presents summary length of occasion of service statistics by triage category and state and territory, including the average and median duration of occasion of service and the average and median duration of the service event, for the 73% of occasions of service for which episode-level data were available. The duration of the emergency department occasion of service is from the time of presentation or triage to the end of the provision of service as a non-admitted patient. The duration of the service event is measured as the time from the commencement of service by a treating medical officer or nurse (when a health care professional first takes responsibility for the patient's care) to when the non-admitted component of the emergency department service episode has concluded.

Extreme caution should be used in interpreting these data as there is some variation between jurisdictions in the recording of the time at which the occasion of service is completed and in the recording of the time of admission, which indicates the completion of the non-admitted emergency department occasion of service, for patients who were admitted subsequent to a non-admitted emergency department occasion of service (see limitations of the data, above).

The average duration of occasion of service for patients who were assigned a triage category of *Resuscitation* was 4 hours and 36 minutes, while the median duration of the service event was 3 hours and 11 minutes. Generally, the average durations for occasions of service and service events were greater for the triage categories *Resuscitation*, *Emergency* and *Urgent* than for all triage categories combined, indicating that these patients generally required more lengthy treatment than patients in the *Semi-urgent* and *Non-urgent* triage categories.

Table 5.1: Emergency department occasions of service, public hospitals, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	20	19	16	4	5	2	1	2	69
Hospitals reporting emergency department occasions of service	19	19	15	4	5	2	1	2	67
Emergency department occasions of service	707,017	772,099	579,229	183,484	221,747	n.p.	n.p.	71,678	2,649,366
Hospitals reporting occasions of service with waiting times data	19	19	14	4	5	2	1	2	66
Occasions of service with valid waiting times data	693,654	742,040	559,048	183,484	221,747	n.p.	n.p.	68,957	2,579,203
Estimated proportion occasions of service with waiting times data (%) ^(b)	98	96	97	100	100	98	95	96	97
Hospitals reporting episode-level data ^(c)	19	19	14	4	5	2	1	2	66
Occasions of service reported with episode-level data ^(d)	707,016	760,318	577,346	172,508	187,351	n.p.	n.p.	71,619	2,590,556
Estimated proportion occasions of service with episode-level data (%) ^(e)	100	98	100	94	84	100	100	100	98
Large hospitals									
Number of hospitals in peer group	22	13	7	4	2	1	1	0	50
Hospitals reporting emergency department occasions of service	22	11	7	4	2	1	1	..	48
Emergency department occasions of service	566,001	264,569	226,544	93,932	42,513	n.p.	n.p.	..	1,260,622
Hospitals reporting occasions of service with waiting times data	21	11	6	4	2	1	1	..	46
Occasions of service with valid waiting times data	544,385	229,885	204,330	93,932	42,511	n.p.	n.p.	..	1,177,573
Estimated proportion occasions of service with waiting times data (%) ^(b)	96	87	90	100	100	93	93	..	93
Hospitals reporting episode-level data ^(c)	21	11	6	4	2	1	1	..	46
Occasions of service reported with episode-level data ^(d)	563,980	249,862	227,557	93,494	37,260	n.p.	n.p.	..	1,239,220
Estimated proportion occasions of service with episode-level data (%) ^(e)	100	94	100	100	88	100	100	..	98
Other hospitals									
Number of hospitals in peer group	189	112	155	85	73	24	1	3	642
Hospitals reporting emergency department occasions of service	144	59	138	73	63	12	0	3	492
Emergency department occasions of service	713,066	252,538	442,113	302,330	196,583	17,073	0	30,541	1,954,244
Hospitals reporting occasions of service with waiting times data	13	7	0	73	5	0	0	3	101
Occasions of service with valid waiting times data	195,635	72,067	0	302,330	38,680	0	0	25,145	633,815
Estimated proportion occasions of service with waiting times data (%) ^(b)	27	29	..	100	20	..	..	82	32
Hospitals reporting episode-level data ^(c)	13	7	0	5	1	0	0	3	29
Occasions of service reported with episode-level data ^(d)	213,250	80,991	..	113,241	40,520	..	..	30,541	478,543
Estimated proportion occasions of service with episode-level data (%) ^(e)	30	32	0	37	21	0	..	100	24
Total									
Total hospitals	231	144	178	93	80	27	3	5	761
Hospitals reporting emergency department occasions of service	185	117	160	81	70	15	2	5	635
Emergency department occasions of service	1,986,084	1,289,206	1,247,886	579,746	460,843	101,103	97,145	102,219	5,864,232
Hospitals reporting occasions of service with waiting times data	53	37	20	81	12	3	2	5	213
Occasions of service with valid waiting times data	1,433,674	1,043,992	763,378	579,746	302,938	81,256	91,547	94,102	4,390,591
Estimated proportion occasions of service with waiting times data (%) ^(b)	72	81	61	100	66	80	94	92	75
Hospitals reporting episode-level data ^(c)	53	37	20	13	8	3	2	5	141
Occasions of service reported with episode-level data ^(d)	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319
Estimated proportion occasions of service with episode-level data (%) ^(e)	75	85	65	65	58	83	100	100	73
Coverage of episode-level data for hospitals in peer groups A and B	100	97	100	96	85	100	100	100	98

(a) For more information on the public hospital peer group classification see Appendix 4.

(b) The number of occasions of service with valid waiting times data divided by the number of emergency department occasions of service as a percentage. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times are applicable. However, because occasions of service may have been under-enumerated for some jurisdictions and peer groups, coverage may also be overestimated.

(c) Episode-level data are required for public hospitals which are classified as *Principal referral and women's and children's hospitals* and *Large hospitals*.

(d) The number of occasions of service reported to the National Non-admitted Patient Emergency Department Care Database.

(e) The number of occasions of service with episode-level data divided by the number of emergency department occasions of service as a percentage. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times are applicable. However, because occasions of service may have been under-enumerated for some jurisdictions and peer groups, coverage may also be overestimated.

Table 5.2: Accident and emergency non-admitted patient occasions of service, by Remoteness Area of hospital, public acute hospitals, states and territories, 2003–04

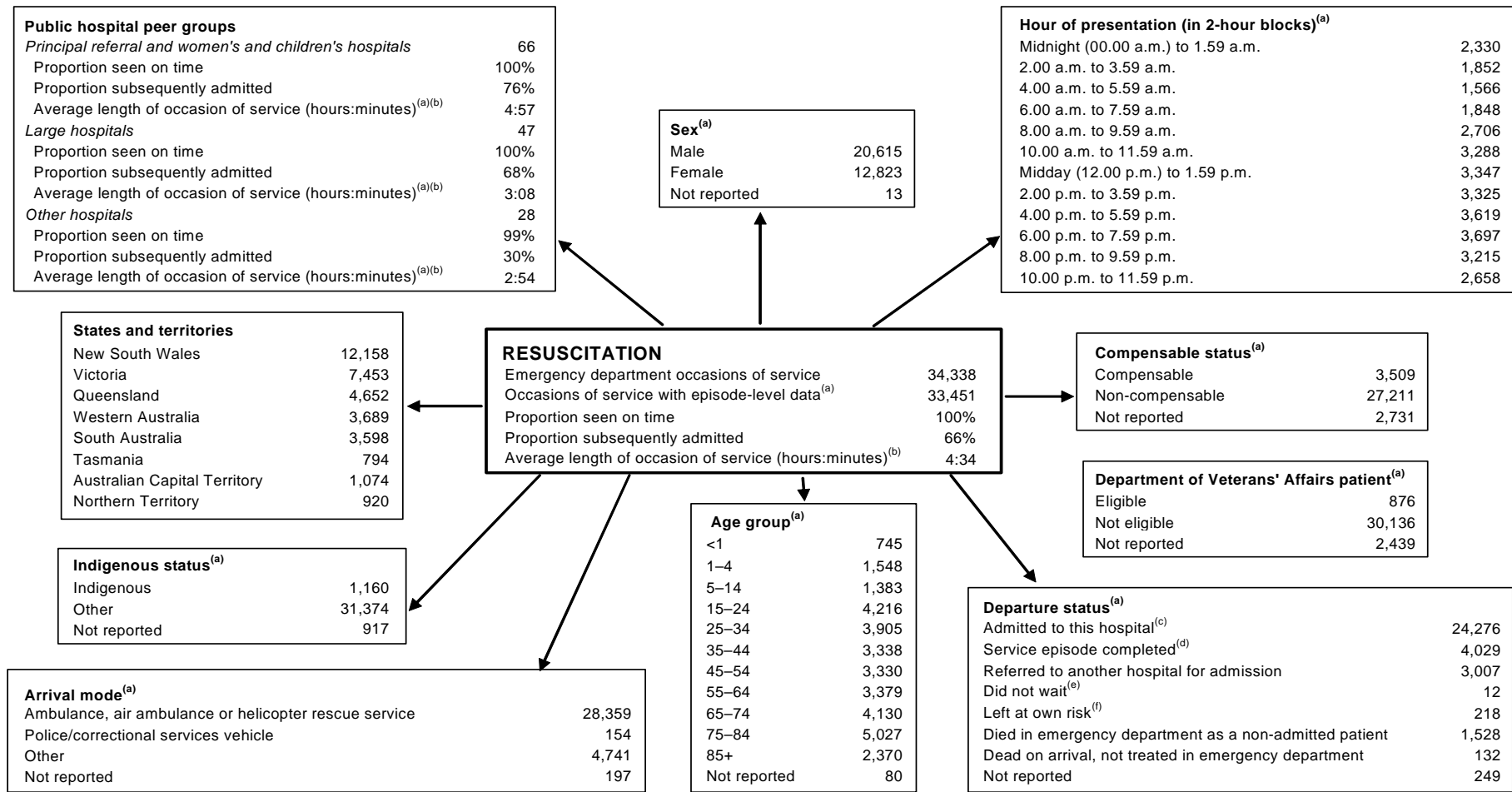
	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency occasions of service									
Major cities	1,146,790	844,576	479,745	278,393	312,841	..	97,145	..	3,159,490
Inner regional	599,583	331,997	361,563	52,392	46,920	63,654	0	..	1,456,109
Outer regional	204,630	112,633	270,569	101,451	65,602	30,761	..	42,341	827,987
<i>Total regional</i>	<i>804,213</i>	<i>444,630</i>	<i>632,132</i>	<i>153,843</i>	<i>112,522</i>	<i>94,415</i>	<i>0</i>	<i>42,341</i>	<i>2,284,096</i>
Remote	25,180	n.a.	76,843	89,789	24,664	5,785	..	42,604	264,865
Very remote	9,901	..	59,166	57,721	10,816	903	..	17,274	155,781
<i>Total remote</i>	<i>35,081</i>	<i>n.a.</i>	<i>136,009</i>	<i>147,510</i>	<i>35,480</i>	<i>6,688</i>	<i>..</i>	<i>59,878</i>	<i>420,646</i>
Total	1,986,084	1,289,206	1,247,886	579,746	460,843	101,103	97,145	102,219	5,864,232
Ratio of accident and emergency occasions of service provided in area to 1,000 population resident in area^(a)									
Major cities	240	234	240	202	285	..	301	..	240
Inner regional	435	318	367	212	244	209	0	..	351
Outer regional	423	444	406	544	369	190	..	392	406
<i>Total regional</i>	<i>432</i>	<i>342</i>	<i>383</i>	<i>355</i>	<i>304</i>	<i>202</i>	<i>0</i>	<i>392</i>	<i>369</i>
Remote	651	n.a.	825	989	534	688	..	1,031	817
Very remote	1,252	..	1,109	1,152	791	354	..	351	871
<i>Total remote</i>	<i>753</i>	<i>n.a.</i>	<i>928</i>	<i>1,047</i>	<i>593</i>	<i>610</i>	<i>..</i>	<i>662</i>	<i>836</i>
Total	297	262	328	297	302	212	300	515	295

(a) The ratio of services provided in the area to the number of residents in the area only approximates population utilisation as services provided in the area may be provided to persons residing in other Remoteness Area categories.

(b) In Victoria, it is not possible to separately identify emergency department occasions of service in hospital campuses located in remote areas.

.. Not applicable.

n.a. Not available.



(a) For the 73% of occasions of service for which episode-level data were available.

(b) The length of service episode is measured between the time of commencement of service and the completion of service. This measure was calculated for occasions of service where the waiting time to service delivery was not missing or invalid.

(c) Includes admitted to units or beds within the emergency department.

(d) Non-admitted patient emergency department service episode completed—departed without being admitted or referred to another hospital.

(e) Did not wait to be attended by a health care professional.

(f) Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed.

Figure 5.1: Interrelationships of a Resuscitation emergency presentation with other data elements, public hospitals, Australia, 2003-04

Table 5.3: Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group, Australia, 2001–02 to 2003–04

Triage category and peer group	2001–02	2002–03	2003–04
Principal referral and women's and children's hospitals			
Hospitals reporting emergency department occasions of service	66	70	67
Emergency department occasions of service	2,397,278	2,614,739	2,649,366
Hospitals reporting occasions of service with waiting times data	58	65	66
Number of occasions of service with waiting times data ^(b)	2,291,226	2,524,598	2,579,203
Estimated proportion of occasions of service with waiting times data (%) ^(c)	96	97	97
Proportion by triage category (%)			
Resuscitation	1	1	1
Emergency	9	9	9
Urgent	34	34	34
Semi-urgent	45	44	45
Non-urgent	11	10	10
<i>Total</i>	100	100	100
Proportion seen on time (%) ^(d)			
Resuscitation	99	99	100
Emergency	75	75	79
Urgent	58	58	63
Semi-urgent	55	55	62
Non-urgent	78	76	85
<i>Total</i>	60	59	67
Proportion ending in admission (%) ^(e)			
Resuscitation	84	87	82
Emergency	69	70	67
Urgent	49	49	46
Semi-urgent	23	23	20
Non-urgent	8	8	7
<i>Total</i>	35	34	33
Large hospitals			
Hospitals reporting emergency department occasions of service	47	48	48
Emergency department occasions of service	1,250,165	1,215,550	1,260,622
Hospitals reporting occasions of service with waiting times data	35	37	44
Number of occasions of service with waiting times data ^(b)	928,836	1,007,316	1,177,573
Estimated proportion of occasions of service with waiting times data (%) ^(c)	74	83	93
Proportion by triage category (%)			
Resuscitation	1	0	0
Emergency	6	5	6
Urgent	29	28	29
Semi-urgent	50	48	50
Non-urgent	15	14	15
<i>Total</i>	100	100	100
Proportion seen on time (%) ^(d)			
Resuscitation	99	97	100
Emergency	77	73	80
Urgent	65	63	70
Semi-urgent	66	65	72
Non-urgent	88	87	89
<i>Total</i>	70	68	74

(continued)

Table 5.3 (continued): Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group, Australia, 2001–02 to 2003–04

Triage category and peer group	2001–02	2002–03	2003–04
Proportion ending in admission (%) ^(e)			
Resuscitation	86	87	69
Emergency	67	67	58
Urgent	42	40	38
Semi-urgent	17	15	14
Non-urgent	4	4	3
Total	26	23	22
Total^(f)			
Hospitals reporting emergency department occasions of service	574	588	635
Emergency department occasions of service	5,754,666	5,837,549	5,864,232
Hospitals reporting occasions of service with waiting times data	120	195	213
Occasions of service with waiting times data ^(b)	3,627,912	4,156,790	4,390,591
Estimated proportion of occasions of service with waiting times data (%) ^(c)	63	71	75
Proportion by triage category (%)			
Resuscitation	1	1	1
Emergency	7	7	8
Urgent	31	30	30
Semi-urgent	47	45	46
Non-urgent	13	14	15
Total	100	100	100
Proportion seen on time (%) ^(d)			
Resuscitation	99	99	99
Emergency	76	75	76
Urgent	60	61	62
Semi-urgent	59	61	61
Non-urgent	84	85	82
Total	64	66	72
Proportion ending in admission (%) ^(e)			
Resuscitation	82	86	78
Emergency	67	69	63
Urgent	45	46	43
Semi-urgent	19	19	16
Non-urgent	6	6	4
Total	30	29	27

(a) For more information on the public hospital peer group classification see Appendix 4.

(b) For 2001–02 and 2002–03, these are the number of occasions of service reported with waiting times data. For 2003–04, these are the number of occasions of service reported with episode-level data with a type of visit of *Emergency presentation* or *Not reported*, (and occasions of service for which information on the type of visit was not available), and where waiting times data were not invalid or missing.

(c) The number of occasions of service with waiting times data divided by the number of emergency department occasions of service. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times are applicable. Coverage may also have been overestimated because occasions of service may have been under-enumerated for some jurisdictions and peer groups for 2003–04.

(d) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category *Resuscitation*, the definition specifies that the patient should be attended 'within seconds'. For this table, an occasion of service with a triage category of *Resuscitation* was defined as 'not seen on time' if the waiting time to service delivery was reported as greater than 2 minutes. For 2001–02 and 2002–03, Victoria, Queensland and South Australia calculated the proportion of *Resuscitation* patients seen on time using a cut-off point of less than or equal to 1 minute, and Tasmania and the Northern Territory used a cut-off point of less than 1 minute. Using those cut-off points for these states, for the 2003–04 data, over 99% of *Resuscitation* patients were seen on time for Australia as a whole, unchanged from that presented here.

(e) For 2001–02, 2002–03 and for some 2003–04 data (for South Australia, Victoria and some Western Australian hospitals), these are estimates of emergency department patients 'subsequently admitted'. For other 2003–04 data, this proportion is based on occasions of service reported with episode-level data, where the departure status was reported as Admitted to this hospital.

(f) The total includes hospitals in peer groups other than *Principal referral and women's and children's hospitals* and *Large hospitals*.

Table 5.4: Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group, states and territories, 2003–04

Triage category and peer group	NSW	Vic^{(b)(c)}	Qld^(b)	WA	SA^(d)	Tas^(b)	ACT	NT^(b)	Total
Principal referral and women's and children's hospitals									
Occasions of service with waiting times data ^(e)									
Resuscitation	7,537	6,888	3,955	2,332	3,214	n.p.	n.p.	880	26,337
Emergency	62,431	66,161	44,113	21,834	27,877	n.p.	n.p.	5,110	239,223
Urgent	246,494	234,180	211,010	55,982	83,178	n.p.	n.p.	22,112	889,187
Semi-urgent	285,571	351,763	255,974	84,754	98,176	n.p.	n.p.	38,141	1,160,422
Non-urgent	91,269	83,048	43,996	18,582	9,302	n.p.	n.p.	2,714	263,682
Total^(e)	693,654	742,040	559,048	183,484	221,747	n.p.	n.p.	68,957	2,579,203
Proportion seen on time (%) ^(f)									
Resuscitation	100	100	100	100	99	n.p.	n.p.	100	100
Emergency	73	88	74	67	63	n.p.	n.p.	57	79
Urgent	51	82	51	59	40	n.p.	n.p.	63	63
Semi-urgent	57	72	53	53	48	n.p.	n.p.	56	62
Non-urgent	83	90	82	87	83	n.p.	n.p.	86	85
Total	60	79	56	60	49	n.p.	n.p.	60	67
Proportion ending in admission (%) ^(g)									
Resuscitation	87	88	69	80	83	n.p.	n.p.	58	82
Emergency	72	75	59	57	68	n.p.	n.p.	61	67
Urgent	50	54	35	45	47	n.p.	n.p.	41	46
Semi-urgent	22	25	12	20	18	n.p.	n.p.	14	20
Non-urgent	8	7	3	12	7	n.p.	n.p.	3	7
Total	35	37	24	32	35	n.p.	n.p.	26	33
Large hospitals									
Occasions of service with waiting times data ^(e)									
Resuscitation	3,882	411	615	420	213	n.p.	n.p.	..	5,814
Emergency	39,698	8,186	12,582	6,053	3,044	n.p.	n.p.	..	71,836
Urgent	181,768	46,758	53,510	28,396	12,788	n.p.	n.p.	..	337,863
Semi-urgent	258,165	111,729	108,800	51,233	23,899	n.p.	n.p.	..	584,819
Non-urgent	60,719	62,801	28,823	7,830	2,567	n.p.	n.p.	..	177,087
Total^(e)	544,385	229,885	204,330	93,932	42,511	n.p.	n.p.	..	1,177,573
Proportion seen on time (%) ^(f)									
Resuscitation	100	100	100	99	98	n.p.	n.p.	..	100
Emergency	78	86	80	81	59	n.p.	n.p.	..	80
Urgent	63	87	68	81	44	n.p.	n.p.	..	70
Semi-urgent	67	81	65	82	51	n.p.	n.p.	..	72
Non-urgent	90	87	88	96	84	n.p.	n.p.	..	89
Total	69	84	70	83	52	n.p.	n.p.	..	74
Proportion ending in admission (%) ^(g)									
Resuscitation	72	82	63	44	72	85	56	..	69
Emergency	63	63	49	33	67	69	43	..	58
Urgent	44	39	24	18	48	37	31	..	38
Semi-urgent	18	15	7	6	19	10	14	..	14
Non-urgent	5	2	2	2	4	3	2	..	3
Total	29	18	14	11	31	20	15	..	22

(continued)

Table 5.4 (continued): Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group^(a), states and territories, 2003–04

Triage category and peer group	NSW	Vic^{(b)(c)}	Qld^(b)	WA	SA^(d)	Tas^(b)	ACT	NT^(b)	Total
Total^(h)									
Occasions of service with waiting times data ^(e)									
Resuscitation	12,050	7,429	4,570	3,689	3,474	730	1,074	911	33,927
Emergency	109,616	77,882	56,695	37,403	33,163	7,119	6,851	5,442	334,171
Urgent	471,375	295,992	264,520	124,646	103,998	29,024	21,850	25,568	1,336,973
Semi-urgent	639,293	498,353	364,774	260,923	145,039	38,489	38,547	49,515	2,034,933
Non-urgent	200,793	164,336	72,819	153,085	17,264	5,894	23,224	12,666	650,081
Total emergency presentations^(e)	1,433,674	1,043,992	763,378	579,746	302,938	81,256	91,547	94,102	4,390,591
Proportion seen on time (%) ^(f)									
Resuscitation	100	100	100	99	99	96	100	100	99
Emergency	76	88	76	74	62	67	69	57	76
Urgent	58	83	55	72	41	61	64	63	62
Semi-urgent	65	75	56	75	49	61	58	59	61
Non-urgent	86	90	84	97	87	92	77	86	82
Total emergency presentations seen on time	66	80	60	80	50	64	65	64	72
Proportion ending in admission (%) ^(g)									
Resuscitation	81	88	68	58	82	93	70	59	78
Emergency	68	73	57	42	66	65	43	62	63
Urgent	47	51	33	27	45	42	36	41	43
Semi-urgent	19	22	11	8	16	14	15	15	16
Non-urgent	6	5	3	2	5	3	3	7	4
Total emergency presentations ending in admission	31	32	21	13	32	28	19	24	27

(a) For more information on the public hospital peer group classification see Appendix 4. Information on the coverage of the waiting times data is presented in Table 5.1.

(b) For previous year's data, Victoria and Queensland (and South Australia) calculated the proportion of *Resuscitation* patients seen on time using a cut-off point of less than or equal to 1 minute, and Tasmania and the Northern Territory used a cut-off point of less than 1 minute. Using these cut-off points for the 2003–04 data, in Queensland, the proportions of patients seen on time were 100% for both *Principal referral and women's and children's hospitals* and *Large hospitals* and overall. For Victoria the proportions of *Resuscitation* patients seen on time were 99% for *Principal referral and women's and children's hospitals* and 100% for *Large hospitals* and 99% overall. For Tasmania, the proportions of *Resuscitation* patients seen on time were 95%, 66% and 92% respectively. For the Northern Territory there was no change to the proportions of *Resuscitation* patients seen on time. Using those cut-off points for these states, there was no change in the proportions for *Resuscitation* patients seen on time for Australia as a whole.

(c) For Victoria, the proportion of occasions of service ending in admission was sourced from aggregate data and differs from data on admissions (based on episode-level data in which only admissions to wards are identified) presented in Table 5.9.

(d) For South Australia, the proportions of *Resuscitation* patients seen on time were determined using a waiting time of less than or equal to 1 minute. Therefore, these data are not comparable with the data for *Resuscitation* patients in other jurisdictions.

(e) The totals include records for which the triage category was not assigned or not reported.

(f) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category *Resuscitation*, the definition specifies that the patient should be attended 'within seconds'. For this table, an occasion of service with a triage category of *Resuscitation* was classified as 'not seen on time' if the waiting time to service was reported as greater than 2 minutes.

(g) The proportion of occasions of service for which the emergency department departure status was reported as *Admitted to this hospital*.

(h) The total includes data that were provided by jurisdictions for hospitals in peer groups other than *Principal referral and women's and children's hospitals* and *Large hospitals*.

n.p. Not published.

Table 5.5: Non-admitted patient emergency department occasion of service statistics^(a), by type of visit and public hospital peer group, states and territories, 2003–04

Type of visit and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Emergency presentation	693,608	742,040	558,978	171,341	185,717	n.p.	n.p.	68,956	2,530,911
Return visit, planned	5,947	15,738	15,307	1,152	1,510	n.p.	n.p.	2,623	45,997
Pre-arranged admission	5,925	424	2,339	6	79	n.p.	n.p.	0	8,773
Patient in transit	98	117	284	4	0	n.p.	n.p.	5	508
Dead on arrival	1,392	1,999	368	5	27	n.p.	n.p.	34	4,230
Not reported	46	0	70	0	18	n.p.	n.p.	1	137
<i>Total</i>	<i>707,016</i>	<i>760,318</i>	<i>577,346</i>	<i>172,508</i>	<i>187,351</i>	<i>n.p.</i>	<i>n.p.</i>	<i>71,619</i>	<i>2,590,556</i>
Large hospitals									
Emergency presentation	544,370	229,885	204,330	90,903	5,548	n.p.	n.p.	..	1,137,565
Return visit, planned	15,007	18,922	22,771	2,366	33	n.p.	n.p.	..	63,581
Pre-arranged admission	4,102	680	342	42	11	n.p.	n.p.	..	5,177
Patient in transit	65	44	81	183	0	n.p.	n.p.	..	373
Dead on arrival	421	331	33	0	3	n.p.	n.p.	..	843
Not reported	15	0	0	0	31,665	n.p.	n.p.	..	31,681
<i>Total</i>	<i>563,980</i>	<i>249,862</i>	<i>227,557</i>	<i>93,494</i>	<i>37,260</i>	<i>n.p.</i>	<i>n.p.</i>	<i>..</i>	<i>1,239,220</i>
Other hospitals									
Emergency presentation	195,629	72,067	..	112,637	35,867	..	..	25,063	441,263
Return visit, planned	15,194	8,169	..	586	4,260	..	..	5,390	33,599
Pre-arranged admission	2,244	661	..	12	11	..	..	0	2,928
Patient in transit	28	10	..	6	0	..	..	6	50
Dead on arrival	149	84	..	0	0	..	..	0	233
Not reported	6	0	..	0	382	..	..	82	470
<i>Total</i>	<i>213,250</i>	<i>80,991</i>	<i>..</i>	<i>113,241</i>	<i>40,520</i>	<i>..</i>	<i>..</i>	<i>30,541</i>	<i>478,543</i>
Total									
Emergency presentation	1,433,607	1,043,992	763,308	374,881	227,132	81,253	91,547	94,019	4,109,739
Return visit, planned	36,148	42,829	38,078	4,104	5,803	2,619	5,583	8,013	143,177
Pre-arranged admission	12,271	1,765	2,681	60	101	0	0	0	16,878
Patient in transit	191	171	365	193	0	0	0	11	931
Dead on arrival	1,962	2,414	401	5	30	459	1	34	5,306
Not reported	67	0	70	0	32,065	3	0	83	32,288
Total occasions of service reported at episode-level	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

.. Not applicable. As the scope of the episode-level data is hospitals in peer groups A and B, data were not required for *Other hospitals*, but have been presented here they were provided.

n.p. Not published.

Table 5.6: Non-admitted patient emergency department occasion of service^(a), by age group and sex, public hospitals, states and territories, 2003–04

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males										
	0–4	111,642	78,461	56,921	31,252	10,858	4,415	6,754	7,611	307,914
	5–14	91,668	64,174	49,350	25,705	10,354	4,672	6,345	5,934	258,202
	15–24	114,238	78,715	71,486	30,933	20,636	8,007	9,475	7,791	341,281
	25–34	109,284	77,224	66,432	28,861	19,849	6,715	7,829	9,927	326,121
	35–44	91,149	64,276	54,059	23,803	16,931	5,396	5,871	8,704	270,189
	45–54	72,914	52,337	41,361	18,619	13,982	4,588	4,785	6,419	215,005
	55–64	64,586	45,443	34,510	14,523	11,494	3,765	3,800	4,306	182,427
	65–74	58,837	43,406	28,278	13,007	11,147	3,483	2,815	2,218	163,191
	75–84	55,525	38,409	21,486	10,823	12,752	2,822	2,405	913	145,135
	85 and over	20,441	13,209	7,339	4,224	4,680	944	842	162	51,841
	<i>Total^(b)</i>	<i>790,742</i>	<i>555,655</i>	<i>431,961</i>	<i>201,750</i>	<i>132,860</i>	<i>44,808</i>	<i>50,922</i>	<i>53,991</i>	<i>2,262,689</i>
Females										
	0–4	86,520	61,375	45,333	24,867	8,627	3,525	5,251	6,233	241,731
	5–14	66,289	49,100	36,907	19,215	8,150	3,608	4,757	4,703	192,729
	15–24	100,576	78,588	66,168	28,191	21,804	7,027	8,552	8,336	319,242
	25–34	96,439	88,708	57,766	25,432	23,007	5,764	7,262	9,864	314,242
	35–44	74,265	62,482	44,137	19,761	16,421	4,796	5,241	7,996	235,099
	45–54	62,624	47,923	35,322	16,009	12,877	3,882	4,704	5,565	188,906
	55–64	52,628	39,327	27,474	12,214	9,816	3,127	3,529	2,907	151,022
	65–74	51,387	37,988	22,291	10,640	10,074	2,784	2,515	1,467	139,146
	75–84	64,684	45,278	24,295	12,975	13,666	3,209	2,902	845	167,854
	85 and over	37,640	24,745	12,976	8,150	7,682	1,791	1,495	248	94,727
	<i>Total^(b)</i>	<i>693,377</i>	<i>535,515</i>	<i>372,893</i>	<i>177,454</i>	<i>132,236</i>	<i>39,513</i>	<i>46,209</i>	<i>48,164</i>	<i>2,045,361</i>
Persons^(c)										
	0–4	198,174	139,837	102,256	56,123	19,485	7,947	12,005	13,844	549,671
	5–14	157,965	113,274	86,259	44,923	18,504	8,281	11,102	10,637	450,945
	15–24	214,830	157,303	137,660	59,124	42,441	15,036	18,027	16,129	660,550
	25–34	205,734	165,932	124,202	54,297	42,856	12,479	15,091	19,792	640,383
	35–44	165,421	126,758	98,202	43,574	33,353	10,193	11,112	16,700	505,313
	45–54	135,549	100,260	76,684	34,636	26,860	8,470	9,489	11,985	403,933
	55–64	117,220	84,770	61,987	26,746	21,310	6,892	7,329	7,213	333,467
	65–74	110,231	81,394	50,569	23,648	21,221	6,267	5,330	3,685	302,345
	75–84	120,211	83,687	45,781	23,798	26,419	6,032	5,307	1,758	312,993
	85 and over	58,086	37,954	20,320	12,374	12,366	2,736	2,337	410	146,583
	Total^(d)	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(b) Includes occasions of service for which the age group of the patient was not reported.

(c) Includes occasions of service for which the sex of the patient was not reported.

(d) Includes occasions of service for which the sex and/or age group of the patient was not reported.

Table 5.7: Non-admitted patient emergency department occasions of service^(a), by Indigenous status, public hospitals, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	34,661	10,053	39,889	36,547	5,286	1,995	1,332	41,390	171,153
Torres Strait Islander but not Aboriginal origin	587	169	4,213	109	44	86	51	232	5,491
Aboriginal and Torres Strait Islander origin	1,696	884	2,524	227	85	68	71	650	6,205
<i>Indigenous persons</i>	<i>36,944</i>	<i>11,106</i>	<i>46,626</i>	<i>36,883</i>	<i>5,415</i>	<i>2,149</i>	<i>1,454</i>	<i>42,272</i>	<i>182,849</i>
Not Aboriginal or Torres Strait Islander origin	1,434,761	1,080,065	748,099	339,088	238,426	77,241	95,517	59,642	4,072,839
Not reported	12,541	0	10,178	3,272	21,290	4,944	160	246	52,631
Total	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

Note: The identification of Indigenous patients is not considered to be complete and varies among jurisdictions. See the text of Chapter 5 for more information.

Table 5.8: Non-admitted patient emergency department occasions of service^(a), by triage category and emergency department arrival mode—transport and departure status, public hospitals, Australia, 2003–04

	Triage category					Total ^(b)
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
Arrival mode—transport						
Ambulance, air ambulance or helicopter rescue service	28,359	162,030	433,289	305,280	23,424	952,535
Police/correctional services vehicle	154	4,113	14,178	11,193	3,040	32,698
Other ^(c)	4,741	160,926	855,483	1,654,333	600,862	3,279,553
Not reported	197	2,444	11,702	22,514	6,676	43,533
Total	33,451	329,513	1,314,652	1,993,320	634,002	4,308,319
Departure status						
Admitted to this hospital ^(d)	24,276	188,036	512,241	295,461	26,626	1,046,728
Non-admitted patient emergency department service episode completed ^(e)	4,029	112,810	703,677	1,458,704	509,827	2,789,134
Referred to another hospital for admission	3,007	20,286	42,582	25,606	2,523	94,009
Did not wait to be attended by a health care professional	12	763	22,992	141,500	59,834	225,450
Left at own risk ^(f)	218	3,207	12,619	18,156	5,080	39,283
Died in emergency department as a non-admitted patient	1,528	473	267	94	16	2,378
Dead on arrival, not treated in emergency department	132	12	251	92	2,458	5,777
Not reported	249	3,926	20,023	53,707	27,638	105,560
Total	33,451	329,513	1,314,652	1,993,320	634,002	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(b) The total includes occasions of service for which the triage category was not assigned.

(c) Other includes patients who walked in, came by private transport, public transport, community transport or taxi.

(d) Including to units or beds within the emergency department.

(e) Patient departed without being admitted or referred to another hospital.

(f) Patient left at own risk after being attended by a health care professional but before the non-admitted patient emergency department occasion of service was completed.

Table 5.9: Non-admitted patient emergency department occasions of service^(a), by emergency department arrival mode—transport and departure status, public hospitals, states and territories, 2003–04

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Arrival mode—transport									
Ambulance, air ambulance or helicopter rescue service	351,392	220,264	193,572	70,819	66,536	20,149	15,437	14,366	952,535
Police/correctional services vehicle	9,554	4,734	9,080	3,303	1,884	1,112	477	2,554	32,698
Other ^(c)	1,122,794	866,173	602,251	282,257	187,594	62,591	81,212	74,681	3,279,553
Not reported	506	0	0	22,864	9,117	482	5	10,559	43,533
Total	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319
Departure status									
Admitted to this hospital ^(d)	446,212	228,057	167,751	73,460	66,313	23,013	18,337	23,585	1,046,728
Non-admitted patient emergency department service episode completed ^(e)	913,000	776,379	557,319	192,727	154,088	55,188	69,814	70,619	2,789,134
Referred to another hospital for admission	21,789	26,213	11,113	24,500	8,282	657	1,281	174	94,009
Did not wait to be attended by a health care professional	85,316	45,868	56,484	11,215	7,623	4,543	7,357	7,044	225,450
Left at own risk ^(f)	14,538	11,305	7,900	1,448	2,869	322	271	630	39,283
Died in emergency department as a non-admitted patient	0	935	613	334	267	99	71	59	2,378
Dead on arrival, not treated in emergency department	2,213	2,414	706	5	30	365	0	44	5,777
Not reported	1,178	0	3,017	75,554	25,659	147	0	5	105,560
Total	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(b) Admissions within the emergency department were not able to be identified within the episode-level data for Victoria. Hence, the number of occasions of service with a departure status of *Admitted to this hospital* are underestimated for Victoria and for the total. See the text of Chapter 5 for more detail.

(c) *Other* includes patients who walked in, came by private transport, public transport, community transport or taxi.

(d) Including to units or beds within the emergency department.

(e) Patient departed without being admitted or referred to another hospital.

(f) Patient left at own risk after being attended by a health care professional but before the non-admitted patient emergency department occasion of service was completed.

Table 5.10: Non-admitted patient emergency department occasions of service^{(a)(b)} duration (hours:minutes)^(c), by triage category, public hospitals, states and territories, 2003–04

Triage category	NSW^(d)	Vic^(d)	Qld^(d)	WA^(d)	SA	Tas	ACT	NT^(d)	Total
Resuscitation									
Average duration of occasion of service ^(e)	4:03	6:11	4:06	5:19	4:30	4:05	2:54	2:58	4:36
Median duration of occasion of service ^(e)	2:35	4:27	3:19	3:17	3:13	3:24	2:23	2:16	3:11
Average duration of service event ^(f)	4:03	6:11	4:06	5:18	4:25	4:04	2:54	2:58	4:36
Median duration of service event ^(f)	2:35	4:27	3:19	3:17	3:08	3:24	2:23	2:16	3:11
Emergency									
Average duration of occasion of service ^(e)	4:54	6:20	4:40	5:09	5:54	4:55	3:39	3:14	5:16
Median duration of occasion of service ^(e)	3:35	4:41	3:43	3:23	4:14	4:10	3:17	2:28	3:52
Average duration of service event ^(f)	4:44	6:14	4:30	5:00	5:40	4:42	3:25	2:59	5:06
Median duration of service event ^(f)	3:25	4:36	3:33	3:14	4:01	3:58	3:03	2:13	3:42
Urgent									
Average duration of occasion of service ^(e)	4:34	5:08	4:06	4:21	5:38	4:27	3:35	2:56	4:36
Median duration of occasion of service ^(e)	3:28	3:45	3:14	2:47	3:45	3:40	3:00	2:22	3:24
Average duration of service event ^(f)	3:52	4:48	3:23	3:53	4:45	3:47	2:60	2:23	3:60
Median duration of service event ^(f)	2:45	3:25	2:30	2:19	2:51	3:00	2:25	1:48	2:47
Semi-urgent									
Average duration of occasion of service ^(e)	3:18	3:30	2:58	2:59	3:50	3:01	3:11	2:35	3:16
Median duration of occasion of service ^(e)	2:20	2:25	2:15	1:59	2:38	2:19	2:30	2:04	2:19
Average duration of service event ^(f)	2:17	2:44	1:48	2:05	2:31	1:56	1:52	1:29	2:16
Median duration of service event ^(f)	1:11	1:35	0:58	1:05	1:14	1:09	1:10	0:57	1:13
Non-urgent									
Average duration of occasion of service ^(e)	1:57	1:54	1:38	1:45	1:48	1:24	2:17	1:44	1:52
Median duration of occasion of service ^(e)	1:18	1:21	1:04	1:08	1:08	0:58	1:43	1:11	1:16
Average duration of service event ^(f)	1:02	1:10	0:44	1:15	0:54	0:46	0:58	0:48	1:02
Median duration of service event ^(f)	0:27	0:35	0:21	0:45	0:25	0:25	0:35	0:20	0:30
Total									
Average duration of occasion of service ^(e)	3:39	3:55	3:22	3:27	4:35	3:34	3:05	2:35	3:40
Median duration of occasion of service ^(e)	2:35	2:39	2:33	2:11	3:01	2:49	2:26	2:01	2:34
Average duration of service event ^(f)	2:50	3:19	2:28	2:48	3:35	2:46	2:02	1:43	2:53
Median duration of service event ^(f)	1:37	1:58	1:28	1:29	1:52	1:53	1:15	1:04	1:39

(a) Excludes occasions of service for patients whose emergency department departure status was *Did not wait to be attended by a health care professional* or *Dead on arrival*.

(b) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(c) There is variation in the time recorded as the time of admission for patients admitted subsequent to a non-admitted emergency department occasion of service. This will affect the comparability of these data. See the text of Chapter 5 for details.

(d) For Victoria, Queensland, New South Wales, Western Australia and the Northern Territory, periods of admission within the emergency department are included in the total duration of the emergency department occasions of service. Hence, the duration of occasions of service for those states and territories, and the total, will be overestimated.

(e) The duration of the occasion of service is the length of time between the time of triage/presentation to the emergency department and the completion of the occasion of service.

(f) The duration of the service event is the length of time between when a health care professional first takes responsibility for the patient's care and the time of completion of the occasion of service.

6 Waiting times for elective surgery

Introduction

This chapter presents national statistics for elective surgery waiting times for the years 1999–00 to 2003–04, and a state and territory overview of elective surgery waiting times for 2003–04. Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure.

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest) represents the number of days within which 50% of patients were admitted; half the waiting times will have been shorter, and half the waiting times longer, than the median. The 90th percentile data represent the number of days within which 90% of patients were admitted. The 50th and 90th percentiles were calculated using SAS version 8 and rounded to the nearest number of days.

The data cover public hospitals only, except as noted below in the description of the coverage of the data collection.

The waiting times data presented here for patients who complete their wait and are admitted for their surgery on an elective basis are generally used as the main summary measure of elective surgery waiting times. Most patients are admitted after waiting; however, some patients are removed from waiting lists for other reasons, for example, they were admitted as an emergency patient for the awaited procedure; or they could not be contacted, had died, had been treated elsewhere, had been transferred to another hospital's waiting list or had declined the surgery. Information on time spent on waiting lists is therefore also presented for those reasons for removals.

The number of patients added to waiting lists and the number of patients removed from waiting lists for admission or other reasons are also presented in this chapter. This provides information about the movement of patients onto and off waiting lists.

National Health Data Dictionary definitions (NHDC 2003) are the basis of the National Elective Surgery Waiting Times Data Collection (see Chapter 1) and are summarised in the Glossary. However, some of the definitions used varied slightly among the states and territories in 2003–04 and in comparison with previous reporting periods. Comparisons between jurisdictions and between 2003–04 and previous reporting periods should therefore be made with reference to the notes on the definitions used and to previous reports (AIHW 2001a, 2002, 2003, 2004a).

Variation in methods to calculate waiting times

Waiting times were generally calculated by comparing the date on which a patient was added to a waiting list with the date that they were admitted. Days on which the patient was 'not ready for care' were excluded.

There was some variation in the method the states and territories used to calculate waiting times for patients who changed clinical urgency category while they were on the waiting list, and for patients who were transferred from a waiting list managed by one hospital to that managed by another. These differences are described below.

For Queensland, information on the number of days waited at the 50th and 90th percentiles and the proportion of patients waiting greater than 365 days for elective admission was calculated using data that were linked to the Queensland data in the National Hospital Morbidity Database. A total of 95.9% of elective surgery records were linked, so 4.1% of elective surgery admissions were not included in the elective surgery waiting times data.

Changed clinical urgency category

For patients who changed clinical urgency category, two methods were used to calculate waiting times:

- (a) counting the time waited in the most recent urgency category plus any time waited in more urgent categories, e.g. time waited in category 2, plus time spent previously in category 1 (this is the agreed national standard for counting);
- (b) counting the time waited in all urgency categories.

New South Wales, Victoria, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory provided waiting times using method (a). South Australia provided waiting times calculated using method (b).

Method (b) would have had the effect of increasing the apparent waiting for admissions in South Australia compared with other jurisdictions.

Transfers between waiting lists

For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the National Elective Surgery Waiting Times Data Collection for all states and territories. Therefore, the number of days waited in those jurisdictions reflects the waiting time on the list managed by the reporting hospital only. This would have the effect of shortening the reported waiting time compared with the time actually waited by these patients.

New South Wales, Queensland, Western Australia and the Australian Capital Territory were able to report the total time waited on all waiting lists. This could have the effect of increasing the reported waiting time for admissions in these states and territories compared with other jurisdictions. South Australia and Queensland have indicated that it is uncommon for patients to be transferred from a waiting list managed by one public hospital to that managed by another in those jurisdictions.

Waiting times and other data elements reported for elective surgery

Figure 6.1 presents data on patients admitted to hospital from elective surgery waiting lists for cardio-thoracic surgery. The information presented by indicator procedure and public hospital peer groups is for all jurisdictions. The other information was only available for Queensland and South Australia. Because those jurisdictions provide data for elective surgery admissions linked with the Queensland and South Australian data in the National Hospital Morbidity Database, respectively, this allowed waiting times information for these patients to be related to other information relating to their admission for elective surgery. As noted above, 95.9% of elective surgery records were linked for Queensland, and 98.4% of elective surgery records were linked for South Australia.

Australia-wide there were 15,232 admissions from elective surgery waiting lists for cardio-thoracic surgery. The median waiting time for these patients was 11 days and 0.1% of these patients waited more than 365 days for admission. *Coronary artery bypass graft* was the indicator procedure with the highest number of admissions from elective surgery waiting lists for cardio-thoracic surgery.

For Queensland and South Australia combined, there were 3,938 admissions from elective surgery waiting lists for cardio-thoracic surgery and these accounted for 33,211 patient days. The average length of stay was 8.4 days.

The most common procedure reported was *Cerebral anaesthesia* (Block 1910), and the most common principal diagnosis reported was *Chronic ischaemic heart disease* (I25), followed by *Angina pectoris* (I20). The most common AR-DRG reported was *Coronary bypass without invasive cardiac investigation with catastrophic or severe complications or comorbidities* (F06A).

The age group with the highest proportion of separations was 65–74 years and more of the separations involved males than involved females. A large proportion (91.4%) of these patients had a separation mode of *Other*, suggesting that these patients went home after separation from hospital.

State and territory overview

Coverage

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals only. However, some public patients treated under contract in private hospitals in Victoria and Tasmania are included.

The data collection covered most public hospitals that undertake elective surgery. Tables 6.1 and 6.2 show that coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and specialist women's and children's* hospitals peer group with 68 of 69 hospitals reported in this peer group. The collection covered 42 of 50 hospitals in the *Large* hospitals peer group, and 58 of 107 hospitals in the *Medium* hospitals peer group. Hospitals that were not included may not actually undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller remote hospitals may have different

patterns of service delivery compared to other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

The methodology for assigning public hospital peer groups was adjusted slightly for 2001–02, 2002–03 and 2003–04 compared with 1999–00 and 2000–01, so the data presented in Table 6.1 should be interpreted with reference to the information on public hospital peer groups provided in Appendix 4 and in previous *Australian Hospital Statistics* publications.

Tables 6.1 and 6.2 also present estimates of the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection. The AIHW derived these estimates from data provided by the states and territories for the National Hospital Morbidity Database as:

- the number of separations with ‘urgency of admission’ reported as *elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with ‘urgency of admission’ reported as *elective* and a surgical procedure for all public hospitals.

Separations for cosmetic surgery were excluded from the estimated coverage calculations.

The definition of ‘surgical procedure’ used for these estimates is detailed in the Glossary and based on the procedures used to define surgical in *Australian Refined Diagnosis Related Groups* version 5.0 (DoHA 2002). Information about ‘urgency of admission’ is detailed in Chapter 7.

Based on this measure, overall coverage of the National Elective Surgery Waiting Times Data Collection was about 87% in 2003–04, and ranged from 100% in New South Wales, Tasmania, the Northern Territory and the Australian Capital Territory to about 64% in South Australia (Table 6.2). Coverage was highest for the *Principal referral and specialist women’s and children’s* hospitals peer group at about 99%, and was progressively lower for the *Large* hospitals and *Medium* hospitals groups.

For 1999–00 and 2000–01 (Table 6.1), estimates of the proportion of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection were based on all admissions, rather than solely on elective admissions. This is because ‘urgency of admission’ was reported for the first time for 2000–01, and was not used that year in the calculation of the estimate due to concerns about data quality.

Admissions from waiting lists for elective surgery

Hospitals in the *Principal referral and specialist women’s and children’s* hospitals peer group accounted for 64.9% of admissions from elective surgery waiting lists in 2003–04 compared with 65.6% in 2002–03. Another 20.8% were reported for hospitals in the *Large* hospitals peer group in 2003–04, compared with 21.0% in 2002–03. In 2003–04, 13.0% of admissions were in the *Medium* hospitals peer group, compared with 11.4% in 2002–03 (Table 6.1). Overall, for 2003–04, 528,949 admissions from waiting lists were reported compared with 517,503 in 2002–03 (Table 6.2).

There were 26.5 admissions reported for elective surgery per 1,000 population (crude rate) for Australia overall in 2003–04, compared with 26.2 in 2002–03, 26.0 in 2001–02, 26.4 in 2000–01 and 27.7 in 1999–00 (Table 6.1).

Distribution of days waited

Overall, the median waiting time for patients who were admitted from waiting lists was 28 days in 2003–04 and 2002–03 and 27 days in 2001–02, 2000–01 and 1999–00 (Table 6.1). In

2003–04, this ranged from 22 days in Queensland to 46 days in the Australian Capital Territory (Table 6.2). Ninety per cent of patients were admitted within 193 days in 2003–04, compared with 197 days in 2002–03, 203 days in 2001–02, 202 days in 2000–01 and 175 days in 1999–00. In 2003–04, this ranged from 115 days in Queensland to 373 days in the Australian Capital Territory.

In 2003–04, the median waiting time for patients admitted from waiting lists in hospitals in the *Principal referral and specialist women's and children's* hospitals peer group (27 days) was shorter than in hospitals in the *Large* hospitals and *Medium* hospitals peer groups (30 days and 34 days respectively).

Proportion waiting more than 365 days

Overall, the proportion of patients admitted after waiting more than 365 days was 3.9% in 2003–04 compared with 4.0% in 2002–03, 4.5% in 2001–02, 4.4% in 2000–01 and 3.1% in 1999–00 (Table 6.1). In 2003–04, this proportion ranged from 2.8% in Queensland to 10.4% in the Australian Capital Territory (Table 6.2).

In the *Principal referral and specialist women's and children's* hospitals peer group in 2003–04, 3.9% of patients were admitted after waiting more than 365 days, as were 4.2% of patients in the *Large* hospitals peer group, and 3.3% of patients in the *Medium* hospitals peer group.

Additions to and removals from waiting lists

Table 6.3 shows the movement of patients on and off waiting lists in 2003–04. This includes data on the total number of patients added to and removed from waiting lists, the distribution of days waited by patients removed from waiting lists and the proportion of patients waiting greater than 365 days before being removed from waiting lists.

In 2003–04 a total of 608,680 patients were added to elective surgery waiting lists and 618,180 patients were removed from elective surgery waiting lists. Patients are removed from waiting lists either when they are admitted on an elective basis for the procedure for which they were waiting or for a range of other reasons such as: admission as an emergency patient for the procedure for which they were waiting; the patient not being able to be contacted by the hospital (includes patients who have died); the patient having the surgery elsewhere; the surgery not being required or the patient declining the surgery (see the Glossary for a full description of the categories). An additional reason for removal category, *Transferred to another hospital's waiting list*, was included in version 12 of the *National Health Data Dictionary* (NHDC 2003). In 2003–04, only Victoria, Western Australia and the Australian Capital Territory reported removals from waiting lists for transfers to another hospital's waiting list. This could have an effect of reducing the waiting times reported for overall removals for those two jurisdictions relative to others.

Elective admissions accounted for the most removals from waiting lists in 2003–04 (85.6%), ranging from 75.8% in Western Australia to 88.2% in New South Wales.

Information on reasons for removal other than elective admission for the awaited procedure was not available for Queensland. For the other states and territories, *Surgery not required or declined* accounted for the next largest number of removals in 2003–04 (6.9%, 33,733 patients) following admissions as elective patients. A further 0.8% of patients (3,985) were admitted as emergency patients, 1.4% (6,832) could not be contacted, and 3.2% (15,842) were *Treated elsewhere*.

Distribution of waiting times

Information on the waiting times for all removal categories other than elective admissions was not available for Queensland. For the other states and territories, the reason for removal category with the shortest median waiting time in 2003–04 was *Emergency admission* (10 days), and the category with longest median waiting time was *Not contactable/died* (258 days).

As was the case with median waiting times, the reason for removal category with the shortest waiting time by which 90% of patients were removed was *Emergency admission* (118 days) and the category with the longest waiting was *Not contactable/died* (971 days). The length of time by which 90% of patients were removed from waiting lists varied substantially between states and territories in most reason for removal categories. For example, waiting times at the 90th percentile in the *Treated elsewhere* category ranged from 408 days in New South Wales to 763 days in the Australian Capital Territory and 1,203 days in Tasmania

Proportion waiting more than 365 days

In 2003–04 the reason for removal category with the lowest proportion of patients waiting more than 365 days before removal was *Emergency admission* (1.6%) and the category with the highest proportion was *Not contactable/died* (37.7%). *Elective admissions* had 3.9% of patients waiting more than 365 days before removal.

The proportion of patients waiting more than 365 days differed substantially between individual states and territories in 2003–04. Overall, it ranged from 5.4% in New South Wales to 15.2% in the Australian Capital Territory. For the removal category *Not contactable/died* it ranged from 28.5% in New South Wales to 49.9% in Western Australia.

Specialty of surgeon

Table 6.4 shows the distribution of days waited by patients admitted from waiting lists, the proportion who waited more than 365 days and the total number of patients admitted from waiting lists in 2003–04, by the specialty of the surgeon who was to perform the surgery and by state and territory.

Distribution of waiting times

Ophthalmology and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2003–04 (60 and 46 days respectively). All other surgical specialties except *Ear, nose and throat surgery* had median waiting times of less than 30 days; *Cardio-thoracic surgery* had the shortest median waiting time (11 days).

There was a marked variation between states and territories in the median waiting time for *Ophthalmology*, with 50% of patients being admitted within 31 days in Victoria and within 234 days in Tasmania. There was less variation between states and territories in the median waiting time for *Urology*, with waiting times ranging from 22 days in Western Australia to 42 days in the South Australia.

The length of time by which 90% of patients had been admitted also varied by surgical specialty in 2003–04, from 72 days for *Cardio-thoracic surgery* to 343 days for *Ophthalmology*.

Proportion waiting more than 365 days

Ophthalmology and *Orthopaedic surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (8.7% and 7.8% respectively). *Cardio-thoracic surgery* had the lowest proportion of patients who waited more than 365 days (0.1%), followed by *Gynaecology* (1.2%) and *Neurosurgery* (1.4%).

There was marked variation among the states and territories in the proportion of patients who waited more than 365 days to be admitted for some surgical specialties. For example, 2.7% of patients admitted for *Ophthalmology* in 2003–04 waited more than 365 days in Victoria and South Australia, compared with 43.3% of patients in Tasmania.

Admissions from waiting lists

Nationally, admissions from waiting lists were highest for *General surgery* (138,894) and lowest for *Neurosurgery* (9,910). Admissions from waiting lists were also highest for *General surgery* in all jurisdictions except the Northern Territory where admissions were highest for *Gynaecology* (1,694). *Neurosurgery* had the lowest number of admissions for most states and territories where it is undertaken. For Victoria and Western Australia admissions were lowest for *Vascular surgery* (2,460 and 846 admissions, respectively).

Indicator procedures

Indicator procedures are procedures which are of high volume and are often associated with long waits. Table 6.5 shows state and territory data on the distribution of days waited by patients admitted from waiting lists, the proportion of patients who waited more than 365 days to be admitted from waiting lists and the total number of patients admitted from waiting lists for elective surgery in 2003–04, by indicator procedure.

Distribution of days waited

Nationally, the indicator procedure with the lowest median waiting time in 2003–04 was *Coronary artery bypass graft* (18 days) and the indicator procedure with the highest median waiting time was *Total knee replacement* (134 days).

There was marked variation among the states and territories in the median waiting time for *Septoplasty*, ranging from 36 days in Queensland to 253 days in the Northern Territory and 506 days in the Australian Capital Territory.

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 100 days for *Coronary artery bypass graft* to 690 days for *Varicose veins stripping and ligation*.

Proportion waiting more than 365 days

The indicator procedure with the highest proportion of patients waiting more than 365 days was *Septoplasty* (19.8%), followed by *Total knee replacement* (19.6%). The lowest proportion of patients waiting more than 365 days were waiting for a *Coronary artery bypass graft* (0.2%).

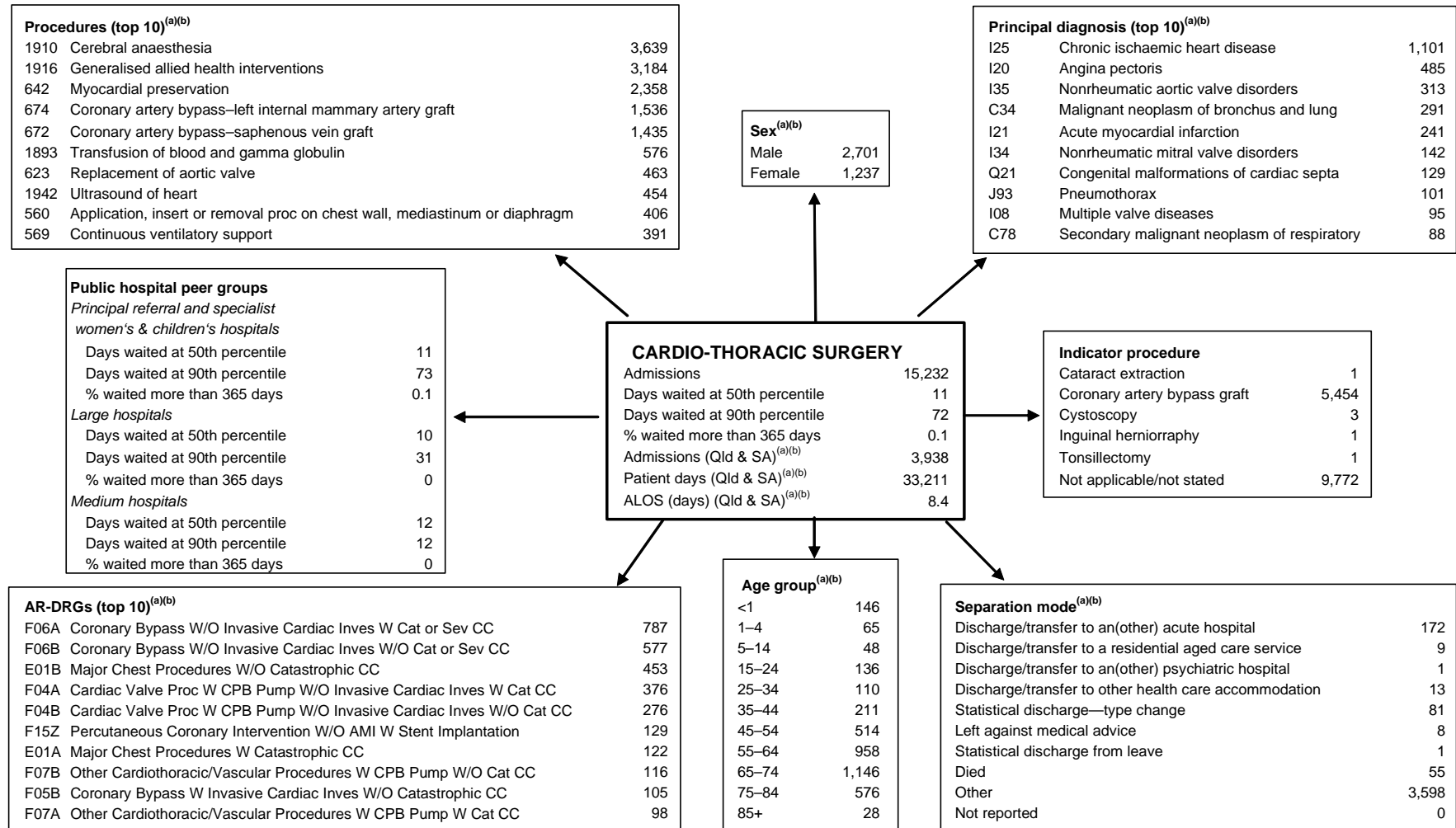
The proportion of patients admitted from waiting lists who waited more than 365 days varied substantially in some cases between the states and territories. For example, 3.0% of

patients waited more than 365 days for admission for *Cataract extraction* in Victoria, compared with 58.2% in Tasmania. For *Septoplasty*, the proportion ranged from 15.8% in Victoria to 70.1% in the Australian Capital Territory.

Admissions from waiting lists

Overall, 31.8% of patients admitted for elective surgery had been waiting for one of the indicator procedures. There was some variation among the states and territories: the Australian Capital Territory had the highest proportion of admissions for the indicator procedures (38.2%) and the Northern Territory had the lowest proportion (21.9%).

Cataract extraction was the highest volume indicator procedure for all jurisdictions. *Myringoplasty* was the lowest volume indicator procedure for all states and territories except Western Australia and the Northern Territory, where *Varicose veins stripping and ligation* and *Haemorrhoidectomy* were the lowest, respectively. Coronary artery bypass grafts are not done in the Northern Territory.



Note: Main abbreviations: CC—complications and comorbidities; W/O—without; W—with; Cat—catastrophic; NEC—not elsewhere classified; ALOS—average length of stay; Sev—severe; Proc—procedures; Inves—investigation; CPB—Cardiopulmonary Bypass.

(a) These data are supplied to the National Hospital Morbidity Database for South Australia and Queensland only.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Figure 6.1: Interrelationships of a specialty of surgeon (cardio-thoracic surgery) with other data elements, all hospitals, 2003–04

Table 6.1: Waiting time statistics for patients admitted from waiting lists, by public hospital peer group^(a), Australia, 1999–00 to 2003–04

	1999–00	2000–01	2001–02	2002–03	2003–04
Principal referral and specialist women's & children's hospitals					
Number of hospitals in peer group	66	68	66	70	69
Number of reporting hospitals ^(c)	65	67	66	69	68
Estimated coverage of surgical separations (%) ^(d)	100	99	100	99	99
Number of admissions ^(e)	349,477	333,013	317,275	339,370	343,430
Days waited at 50th percentile	24	26	24	26	27
Days waited at 90th percentile	177	194	184	182	182
% waited more than 365 days	3.4	4.2	4.2	3.9	3.9
Large hospitals					
Number of hospitals in peer group	45	46	47	48	50
Number of reporting hospitals ^(c)	35	37	40	41	42
Estimated coverage of surgical separations (%) ^(d)	77	79	84	82	85
Number of admissions ^(e)	96,104	98,315	116,882	108,742	110,284
Days waited at 50th percentile	31	30	33	31	30
Days waited at 90th percentile	174	207	229	213	206
% waited more than 365 days	2.7	4.6	5.0	4.2	4.2
Medium hospitals					
Number of hospitals in peer group	112	112	112	106	107
Number of reporting hospitals ^(c)	60	60	56	56	58
Estimated coverage of surgical separations (%) ^(d)	58	56	53	52	59
Number of admissions ^(e)	73,851	68,317	62,430	59,109	68,790
Days waited at 50th percentile	28	30	32	34	34
Days waited at 90th percentile	166	221	231	234	215
% waited more than 365 days	2.4	4.4	4.7	3.6	3.3
Total^(b)					
Total number of hospitals	722	719	723	726	758
Number of reporting hospitals ^(c)	191	195	193	199	196
Estimated coverage of surgical separations (%) ^(d)	85	85	84	85	87
Number of admissions ^(e)	527,910	508,290	508,371	517,503	528,949
Admissions per 1,000 population ^(f)	27.7	26.4	26.0	26.2	26.5
Days waited at 50th percentile	27	27	27	28	28
Days waited at 90th percentile	175	202	203	197	193
% waited more than 365 days	3.1	4.4	4.5	4.0	3.9

(a) The methodology used to assign public hospital peer groups was adjusted for 2001–02 and later years compared to 1999–00 and 2000–01.

(b) Includes data for hospitals not included in the specified hospital peer groups and some private hospitals contracted to do elective surgery.

(c) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See Appendix 4 for further information.

(d) For 1999–00 and 2000–01 this is the number of separations with a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with a surgical procedure for all public hospitals. For 2001–02, 2002–03 and 2003–04, this is the number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission reported as 'elective' and a surgical procedure for all public hospitals. Urgency of admission was reported for the first time in 2000–01. It was not used to calculate the estimated coverage for that year because of concerns about data quality.

(e) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(f) Crude rate based on the Australian estimated resident population as at 31 December of the period in question.

Table 6.2: Waiting time statistics for patients admitted from waiting lists, by hospital peer group, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's & children's hospitals									
Number of hospitals in peer group	20	19	16	4	5	2	1	2	69
Number of reporting hospitals ^(b)	20	19	15	4	5	2	1	2	68
Estimated coverage of elective surgical separations (%) ^(c)	100	100	97	100	100	100	100	100	99
Number of admissions ^(d)	92,850	84,822	89,308	26,695	30,267	10,304	4,686	4,498	343,430
Days waited at 50th percentile	27	28	21	26	36	44	n.p.	29	27
Days waited at 90th percentile	188	200	116	181	197	348	n.p.	236	182
% waited more than 365 days	3.7	4.2	3.0	3.9	3.6	9.5	n.p.	5.2	3.9
Large hospitals									
Number of hospitals in peer group	22	13	7	4	2	1	1	0	50
Number of reporting hospitals ^(b)	22	8	7	1	2	1	1	..	42
Estimated coverage of elective surgical separations (%) ^(c)	100	73	100	31	100	100	100	..	85
Number of admissions ^(d)	46,249	31,649	16,560	3,474	6,382	2,109	3,861	..	110,284
Days waited at 50th percentile	36	22	23	n.p.	48	n.p.	n.p.	..	30
Days waited at 90th percentile	270	127	106	n.p.	214	n.p.	n.p.	..	206
% waited more than 365 days	5.4	1.8	2.3	n.p.	4.5	n.p.	n.p.	..	4.2
Medium hospitals									
Number of hospitals in peer group	40	30	15	9	13	0	0	0	107
Number of reporting hospitals ^(b)	40	4	9	5	0	..	..	..	58
Estimated coverage of elective surgical separations (%) ^(c)	100	30	81	80	0	..	..	..	59
Number of admissions ^(d)	39,666	10,166	5,325	13,633	n.a.	..	..	..	68,790
Days waited at 50th percentile	41	29	27	27	n.a.	..	..	..	34
Days waited at 90th percentile	242	122	140	216	n.a.	..	..	..	215
% waited more than 365 days	4.0	1.5	1.4	3.3	n.a.	..	..	..	3.3

(continued)

Table 6.2 (continued): Waiting time statistics for patients admitted from waiting lists, by hospital peer group, state and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total^(a)									
Total number of hospitals	230	143	178	93	80	27	2	5	758
Number of reporting hospitals ^(b)	105	31	31	12	7	3	2	5	196
Estimated coverage of elective surgical separations(%) ^(c)	100	78	96	76	64	100	100	100	87
Number of admissions ^(d)	182,400	126,637	111,193	46,056	36,649	12,413	8,547	5,054	528,949
Admissions per 1,000 population ^(e)	27.2	25.6	28.9	23.4	23.9	25.9	26.5	25.4	26.5
Days waited at 50th percentile	32	27	22	27	37	42	46	34	28
Days waited at 90th percentile	222	175	115	200	201	372	373	245	193
% waited more than 365 days	4.1	3.3	2.8	4.0	3.8	10.3	10.4	5.3	3.9

(a) Includes data for hospitals not included in the specified hospital peer groups.

(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection.

(c) The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission reported as of 'elective' and a surgical procedure for all public hospitals.

(d) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(e) Crude rate based on the Australian estimated resident population as at 31 December 2003.

. . Not applicable.

n.a. Not available.

n.p. Not published because there was only one hospital in the peer group.

Table 6.3: Additions to waiting lists, and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Additions	210,744	146,227	125,075	51,976	42,935	14,498	10,244	6,981	608,680
Removals^(a)									
Elective admission	182,400	126,637	111,193	46,056	36,649	12,413	8,547	5,054	528,949
Days waited at 50th percentile	32	27	22	27	37	42	46	34	28
Days waited at 90th percentile	222	175	115	200	201	372	373	245	193
% waited more than 365 days	4.1	3.3	2.8	4.0	3.8	10.3	10.4	5.3	3.9
Emergency admission	2,051	1,072	n.a.	429	252	154	6	21	3,985
Days waited at 50th percentile	6	13	n.a.	12	16	35	4	10	10
Days waited at 90th percentile	100	166	n.a.	99	89	226	22	102	118
% waited more than 365 days	0.9	2.7	n.a.	2.1	0.4	3.9	0.0	4.8	1.6
Not contactable/died	1,815	2,308	n.a.	1,354	586	499	270	n.a.	6,832
Days waited at 50th percentile	239	236	n.a.	362	279	252	298	n.a.	258
Days waited at 90th percentile	572	986	n.a.	1,098	1,005	1,285	1,012	n.a.	971
% waited more than 365 days	28.5	36.4	n.a.	49.9	38.9	38.7	43.7	n.a.	37.7
Treated elsewhere	8,957	3,521	n.a.	1,819	867	392	286	n.a.	15,842
Days waited at 50th percentile	119	94	n.a.	127	125	212	206	n.a.	118
Days waited at 90th percentile	408	518	n.a.	553	589	1,203	763	n.a.	465
% waited more than 365 days	13.4	17.0	n.a.	20.2	20.1	31.4	29.0	n.a.	16.1
Surgery not required or declined	11,527	12,003	n.a.	5,730	2,186	1,069	1,218	n.a.	33,733
Days waited at 50th percentile	133	99	n.a.	162	151	246	117	n.a.	128
Days waited at 90th percentile	428	602	n.a.	723	687	932	683	n.a.	567
% waited more than 365 days	15.5	19.9	n.a.	30.2	24.2	36.6	23.0	n.a.	21.1
Transferred to another hospital's waiting list	n.a.	1,223	n.a.	3,510	n.a.	n.a.	360	n.a.	5,093
Days waited at 50th percentile	n.a.	98	n.a.	175	n.a.	n.a.	603	n.a.	151
Days waited at 90th percentile	n.a.	560	n.a.	908	n.a.	n.a.	834	n.a.	848
% waited more than 365 days	n.a.	15.8	n.a.	35.2	n.a.	n.a.	71.4	n.a.	33.1
Not reported	n.a.	1,107	18,054	1,840	1,525	n.a.	51	1,169	23,746
Days waited at 50th percentile	n.a.	56	n.a.	126	90	n.a.	0	168	101
Days waited at 90th percentile	n.a.	428	n.a.	1,148	691	n.a.	110	644	817
% waited more than 365 days	n.a.	13.0	n.a.	36.5	23.7	n.a.	3.9	22.0	6.0
Total	206,750	147,871	129,247	60,738	42,065	14,527	10,738	6,244	618,180
Days waited at 50th percentile	35	31	n.a.	37	42	51	58	43	32
Days waited at 90th percentile	262	233	n.a.	385	264	456	504	327	252
% waited more than 365 days	5.4	5.7	n.a.	10.7	6.3	13.7	15.2	8.4	5.8

(a) See the Glossary for a full description of these categories.

n.a. Not available.

Table 6.4: Waiting time statistics for patients admitted from waiting lists, by specialty of surgeon, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	4,170	3,124	3,115	3,257	823	490	253	0	15,232
Days waited at 50th percentile	14	6	11	9	20	24	29	..	11
Days waited at 90th percentile	76	49	103	36	89	84	106	..	72
% waited more than 365 days	0.1	0.1	0.2	0.0	0.0	1.0	0.4	..	0.1
Ear, nose & throat surgery									
Admissions	12,750	12,980	9,867	3,751	4,037	621	728	530	45,264
Days waited at 50th percentile	55	29	13	57	48	62	85	67	35
Days waited at 90th percentile	352	174	110	379	341	267	656	381	274
% waited more than 365 days	9.3	4.0	3.7	10.5	8.7	5.8	21.3	11.1	6.8
General surgery									
Admissions	55,310	29,733	28,825	10,229	8,775	3,064	1,429	1,529	138,894
Days waited at 50th percentile	26	26	23	21	30	33	27	56	26
Days waited at 90th percentile	134	159	102	131	151	246	275	296	139
% waited more than 365 days	1.9	2.7	1.9	1.5	1.9	5.7	6.0	6.5	2.2
Gynaecology									
Admissions	30,973	16,128	18,106	5,558	5,190	1,836	1,198	1,694	80,683
Days waited at 50th percentile	27	25	21	22	29	46	31	6	25
Days waited at 90th percentile	127	110	90	73	144	166	166	57	113
% waited more than 365 days	1.4	1.2	1.4	0.3	0.9	1.4	1.4	0.4	1.2
Neurosurgery									
Admissions	3,128	2,587	1,498	1,482	780	184	251	0	9,910
Days waited at 50th percentile	18	18	11	29	25	50	28	..	19
Days waited at 90th percentile	99	140	84	125	160	337	287	..	127
% waited more than 365 days	0.8	1.4	0.9	1.8	2.4	8.2	2.8	..	1.4
Ophthalmology									
Admissions	19,496	16,233	8,201	5,125	3,720	982	1,021	547	55,325
Days waited at 50th percentile	105	31	33	82	62	234	198	134	60
Days waited at 90th percentile	392	162	396	292	212	639	693	375	343
% waited more than 365 days	12.1	2.7	10.8	4.8	2.7	43.3	31.3	10.8	8.7
Orthopaedic surgery									
Admissions	26,304	15,978	19,383	5,151	4,263	1,456	1,417	527	74,479
Days waited at 50th percentile	52	62	21	67	75	176	98	52	46
Days waited at 90th percentile	328	335	138	414	366	689	392	283	316
% waited more than 365 days	8.0	8.6	3.3	11.5	10.0	32.3	13.0	6.1	7.8

(continued)

Table 6.4 (continued): Waiting time statistics for patients admitted from waiting lists, by specialty of surgeon, states and territories, 2003-04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Plastic surgery									
Admissions	7,897	10,742	8,223	3,238	3,640	1,210	367	16	35,333
Days waited at 50th percentile	27	22	27	32	32	31	52	28	27
Days waited at 90th percentile	132	152	102	279	182	201	444	374	151
% waited more than 365 days	1.5	2.2	1.2	7.5	4.0	3.7	13.1	12.5	2.7
Urology									
Admissions	15,779	13,773	8,439	6,292	4,339	1,592	1,022	108	51,344
Days waited at 50th percentile	31	24	24	22	42	36	28	28	28
Days waited at 90th percentile	146	177	102	118	180	158	136	232	148
% waited more than 365 days	1.6	3.3	1.8	2.2	2.6	1.5	0.6	5.6	2.2
Vascular surgery									
Admissions	4,149	2,460	2,224	846	924	506	336	0	11,445
Days waited at 50th percentile	15	20	16	15	8	45	18	..	16
Days waited at 90th percentile	88	228	108	87	47	371	327	..	119
% waited more than 365 days	1.0	6.8	4.8	3.0	0.2	10.3	9.2	..	3.7
Other									
Admissions	2,444	2,899	3,312	1,127	158	472	525	103	11,040
Days waited at 50th percentile	8	23	26	10	29	5	28	21	15
Days waited at 90th percentile	55	86	126	42	105	27	224	219	99
% waited more than 365 days	0.1	0.3	2.0	0.4	0.0	0.4	6.5	4.9	1.1
Total									
Admissions	182,400	126,637	111,193	46,056	36,649	12,413	8,547	5,054	528,949
Days waited at 50th percentile	32	27	22	27	37	42	46	34	28
Days waited at 90th percentile	222	175	115	200	201	372	373	245	193
% waited more than 365 days	4.1	3.3	2.8	4.0	3.8	10.3	10.4	5.3	3.9

.. Not applicable.

Table 6.5: Waiting time statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	15,166	10,951	5,354	3,719	2,271	716	907	388	39,472
Days waited at 50th percentile	154	42	40	96	83	393	234	149	83
Days waited at 90th percentile	415	180	502	295	238	745	707	378	379
% waited more than 365 days	14.6	3.0	13.9	4.5	3.7	58.2	33.5	11.3	10.9
Cholecystectomy									
Admissions	6,640	3,610	3,409	821	885	476	279	118	16,238
Days waited at 50th percentile	44	43	38	29	43	92	65	91	42
Days waited at 90th percentile	216	181	107	149	164	396	400	359	188
% waited more than 365 days	4.0	2.9	1.9	1.3	1.1	11.1	12.9	9.3	3.4
Coronary artery bypass graft									
Admissions	1,576	1,227	1,418	344	420	301	178	0	5,464
Days waited at 50th percentile	21	8	20	16	27	33	26	..	18
Days waited at 90th percentile	102	68	119	74	93	91	112	..	100
% waited more than 365 days	0.1	0.2	0.2	0.0	0.0	1.0	0.6	..	0.2
Cystoscopy									
Admissions	10,509	8,589	4,712	3,256	2,060	577	626	165	30,494
Days waited at 50th percentile	32	26	27	24	53	35	35	41	29
Days waited at 90th percentile	138	176	119	155	191	146	156	218	156
% waited more than 365 days	1.0	2.7	1.8	3.6	3.1	0.2	0.6	3.6	2.0
Haemorrhoidectomy									
Admissions	1,271	841	493	254	391	35	47	14	3,346
Days waited at 50th percentile	38	51	34	37	29	101	123	104	39
Days waited at 90th percentile	209	274	152	229	134	933	714	256	223
% waited more than 365 days	4.6	7.3	3.4	3.9	0.8	17.1	21.3	7.1	5.0
Hysterectomy									
Admissions	4,246	2,114	2,160	1,068	549	320	137	37	10,631
Days waited at 50th percentile	40	30	34	29	62	79	69	40	37
Days waited at 90th percentile	183	145	105	83	212	213	260	91	156
% waited more than 365 days	2.6	1.6	1.4	0.2	1.5	4.4	2.9	0.0	1.9
Inguinal herniorrhaphy									
Admissions	5,681	3,122	2,888	981	776	373	186	104	14,111
Days waited at 50th percentile	42	41	35	29	44	70	58	84	40
Days waited at 90th percentile	200	190	126	149	185	394	377	457	189
% waited more than 365 days	2.9	3.4	2.3	1.2	0.9	11.0	10.8	18.3	3.1

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Myringoplasty									
Admissions	381	426	341	214	97	16	21	39	1,535
Days waited at 50th percentile	122	69	43	125	124	167	327	168	89
Days waited at 90th percentile	498	382	692	720	461	691	1061	1163	516
% waited more than 365 days	16.8	11.0	16.1	18.2	23.7	31.3	47.6	23.1	16.4
Myringotomy									
Admissions	548	2,750	1,745	949	830	70	87	16	6,995
Days waited at 50th percentile	42	23	21	34	34	40	62	45	27
Days waited at 90th percentile	224	74	94	156	98	124	319	135	105
% waited more than 365 days	3.5	0.4	1.0	1.2	0.1	1.4	6.9	0.0	0.9
Prostatectomy									
Admissions	2,165	1,535	957	409	388	37	46	27	5,564
Days waited at 50th percentile	40	25	25	23	34	41	21	28	29
Days waited at 90th percentile	194	286	99	119	210	75	97	272	193
% waited more than 365 days	4.5	7.6	2.3	1.5	4.4	0.0	2.2	3.7	4.7
Septoplasty									
Admissions	1,054	1,546	411	217	192	19	67	32	3,538
Days waited at 50th percentile	138	70	36	241	170	204	506	253	98
Days waited at 90th percentile	518	553	819	882	640	847	1,045	465	609
% waited more than 365 days	18.0	15.8	18.5	33.6	28.1	31.6	70.1	34.4	19.8
Tonsillectomy									
Admissions	3,570	3,710	2,528	1,022	1,014	23	189	111	12,167
Days waited at 50th percentile	99	36	27	91	78	134	148	132	50
Days waited at 90th percentile	445	164	158	404	385	574	646	412	327
% waited more than 365 days	14.6	2.0	4.2	13.1	10.6	17.4	28.6	16.2	8.4
Total hip replacement									
Admissions	2,243	1,694	1,296	473	606	142	183	18	6,655
Days waited at 50th percentile	91	127	52	98	132	233	154	121	92
Days waited at 90th percentile	392	402	188	396	378	714	427	472	378
% waited more than 365 days	11.9	12.4	3.8	10.8	12.0	35.2	18.6	16.7	11.1
Total knee replacement									
Admissions	3,383	1,647	1,746	476	638	149	247	16	8,302
Days waited at 50th percentile	168	152	68	135	160	434	204	157	134
Days waited at 90th percentile	497	448	388	557	441	964	526	314	484
% waited more than 365 days	24.6	16.2	10.7	20.2	16.0	55.0	25.1	6.3	19.6

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Varicose veins stripping & ligation									
Admissions	1,435	1,083	789	148	247	42	63	20	3,827
Days waited at 50th percentile	63	81	74	44	151	106	346	210	75
Days waited at 90th percentile	322	920	827	882	695	1,062	925	686	690
% waited more than 365 days	7.9	23.6	24.0	20.9	26.3	35.7	47.6	45.0	18.5
Not applicable/not stated									
Admissions	122,532	81,792	80,946	31,705	25,285	9,117	5,284	3,949	360,610
Days waited at 50th percentile	24	23	19	21	30	34	28	24	22
Days waited at 90th percentile	144	149	98	159	168	248	241	188	141
% waited more than 365 days	2.1	2.6	1.8	3.4	3.0	6.3	5.0	3.4	2.5
Total									
Admissions	182,400	126,637	111,193	46,056	36,649	12,413	8,547	5,054	528,949
Days waited at 50th percentile	32	27	22	27	37	42	46	34	28
Days waited at 90th percentile	222	175	115	200	201	372	373	245	193
% waited more than 365 days	4.1	3.3	2.8	4.0	3.8	10.3	10.4	5.3	3.9

.. Not applicable.

7 Administrative data for admitted patients

Introduction

This chapter presents a summary of patient-level administrative information, covering admitted patient election status, funding source, cross-border flows, care type, urgency of admission, mode of admission, mode of separation and inter-hospital contracted patient status. The data are derived from the Institute's National Hospital Morbidity Database, a compilation of patient-level data for separations from public and private hospitals in Australia (see Chapter 1). Separations were included for all care types except *Newborn* episodes that did not include qualified days. However, Tables 7.10 and 7.11 also include *Newborn* episodes without qualified days. Records for *Hospital boarders* and *Posthumous organ procurement* were not included.

Data on Medicare eligibility status for admitted patients have previously been presented in this chapter with data on patient election status and funding source. As for *Australian Hospital Statistics 2001–02* and *Australian Hospital Statistics 2002–03* (AIHW 2003, 2004a), data on Medicare eligibility status have been included in Table 7.1 to allow comparison of data on Medicare eligibility status, patient election status and funding source over time, as far as is possible. Further information on Medicare eligibility status is included in Appendix 3.

For the purpose of reporting these data, the 'Patient election status' for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements* was categorised as public. The 'Patient election status' for patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Workers compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans' Affairs*, *Department of Defence* or *Correctional facility* was categorised as private, while the 'Patient election status' for patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported* was categorised according to the reported 'Admitted patient election status'. Separations for *Other hospital or public authority* in Tasmanian private hospitals were reported as public patients on the basis that the contracting hospital was a public hospital.

Caution should be taken when making comparisons with *Australian Hospital Statistics* reports published prior to 2001–02 as the categories presented in Tables 7.1 to 7.5 are not directly comparable due to changes in the data elements used (see Appendix 3 for more information).

Patient election status and funding source

Changes 1999–00 to 2003–04

Table 7.1 presents the number of separations and patient days by funding source and hospital sector for the years 1999–00 to 2003–04. Between 1999–00 and 2003–04, the number of separations for private patients for both sectors combined increased by 27.1% (6.2% per

year), while separations for public patients increased by 7.6% (1.8% per year). Between 2002–03 and 2003–04, public patient separations increased by 2.1% and private patient separations increased by 4.2%. After adjusting for the reclassification of two New South Wales private hospitals as public hospitals and the changes in coverage (as detailed in Chapter 2, which may not have been the same for public and private patient separations, or for individual funding sources such as *Private health insurance*), separations for public patients increased by 2.1% and separations for private patients increased by 4.1%. The number of separations for private patients in public hospitals increased by 3.8% between 2002–03 and 2003–04 before adjustment (for coverage change and reclassification), and 3.2% after adjustment, and the number of separations for public patients in private hospitals decreased between 2002–03 and 2003–04 by 11.7% before adjustment and increased by 5.4% after adjustment.

Separations for which private health insurance was reported as the funding source increased by 5.1% overall, and by 4.9% after adjustment for coverage change.

The proportion of separations for *Department of Veterans' Affairs* patients in public hospitals remained relatively stable between 1999–00 and 2003–04 at approximately 3.3% of total separations. Over the same period the proportion of separations in private hospitals that were for *Department of Veterans' Affairs* patients decreased from 8.3% to 7.2%. Medicare eligible patients accounted for 99.1% of all separations from all hospitals in Australia in 2003–04, with 0.3% recorded as not eligible for Medicare. In comparison, 99.4% of separations were reported as being for Medicare eligible patients in 1999–00.

State and territory overview

Tables 7.2 to 7.6 are presented hierarchically using the data elements 'Admitted patient election status' and selected funding source categories. Accompanying tables published on the Internet present all funding source categories. The data element 'Funding source for hospital patient' (*National Health Data Dictionary* version 12.0 (NHDC 2003)) provides information about the principal source of funds for an admitted patient episode.

There may have been some variation between jurisdictions in the definitions used for the funding source categories and in the way in which state- or territory-level data were mapped to the *National Health Data Dictionary* format. In particular, Tasmania was not able to identify separations whose funding source was *Self-funded*. Therefore the number of separations for this category may be underestimated, while the number of separations in the funding source categories of *Private health insurance* and *Other private* may be overestimated.

Public patients accounted for 54.6% of all hospital separations, 86.8% in public hospitals (3,646,368) and 3.3% in private hospitals (86,965) (Table 7.2). Patients whose funding source was reported as *Private health insurance* made up 56.0% of private patients in public hospitals, 79.2% of private patients in private hospitals and 34.0% of all separations. *Department of Veterans' Affairs* patients made up 5.0% of all hospital separations.

Overall, around 1.1% of patients were funded by *Workers compensation* (71,872 separations), while 0.4% were funded by *Motor vehicle third party personal claims* (26,129 separations). For these compensable separations, 57.5% were in private hospitals.

In both sectors combined there were 184.9 separations per 1,000 population (age-standardised) for public patients, compared with 152.0 for private patients (Table 7.3). The latter figure is underestimated because separations were not available for a number of private hospitals and/or private free-standing day hospital facilities in Victoria, South

Australia, the Australian Capital Territory, Northern Territory and Tasmania (see Appendix 4 for further details). The Northern Territory recorded the highest public patient separation rate for public hospitals (410.0 per 1,000). The separation rate for public patients in private hospitals in Western Australia (29.5 per 1,000) was markedly higher than the national rate.

Table 7.4 presents the average cost weight of separations in each state and territory by hospital sector, patient election status and funding source. The table has been restricted to separations with a care type of *Acute, Newborn* (with at least one qualified patient day) or for which the care type was *Not reported*. In the public sector, the average cost weights for private patients were higher than those for public patients for most states and territories. Also, patients whose funding source was reported as *Motor vehicle third party personal claim* had average cost weights markedly higher than other funding source categories. In the private sector, patients whose funding source was reported as *Department of Veterans' Affairs* had the highest average cost weights. More detail about the Australian Refined Diagnosis Related Group classification and cost weights is included in Chapter 12.

Table 7.5 shows the number of patient days reported for each funding source category, by state or territory and hospital sector. Public patients accounted for 59.5% of total patient days, while *Private health insurance* funded patients accounted for 70.7% of patient days for private patients in all hospitals.

Age group

Table 7.6 presents the number of separations by patient election status, funding source, age group and hospital sector. For all hospitals, the most common age group for separations with an election status of *Public* was 65 to 74 years, accounting for 15.9% of *Public* patients in public hospitals and 19.8% of *Public* patients in private hospitals. Overall, 35.4% of separations with a funding source of *Private health insurance* were for patients aged 55 to 74 years, and 63.1% of all separations with a funding source of *Department of Veterans' Affairs* were for patients aged 75 to 84 years. Persons aged 25 to 34 years were in the most common age group for separations with a funding source of *Self-funded* (17.5% in both public and private hospitals), and 24.3% of all separations with a funding source of *Motor vehicle third party personal claim* were for patients aged 15–24 years.

Within age groups, 21.6% of separations for persons aged 75–84 years reported a funding source of *Department of Veterans' Affairs*, while for persons aged 55–64 years, 42.7% of separations reported a funding source of *Private health insurance*.

Cross-border flows

For cross-border flow information, the state or territory of usual residence is reported as one of the six states, the Australian Capital Territory, the Northern Territory, other Australian territories (including Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory) or other (including resident overseas, at sea or no fixed address) (Tables 7.7 to 7.9). This information is derived from data on the area of usual residence of the patient stored in the National Hospital Morbidity Database as the state or territory and Statistical Local Area.

Table 7.7 presents the number of separations and age-standardised separation rates per 1,000 population in each jurisdiction by the state or territory of usual residence of the patient and hospital sector. Overall, 97.6% (6,674,981) of separations were for patients who were treated

in their state or territory of residence. However, in the Australian Capital Territory, 74.1% of public hospital separations were for Australian Capital Territory residents (51,146), with most of the remainder being residents of New South Wales. This is reflected in the separation rate for Australian Capital Territory residents being much lower than the separation rate for the Australian Capital Territory as state of hospitalisation (see Table 7.3) and is because the Australian Capital Territory is a referral centre for surrounding districts, which are part of New South Wales.

Table 7.8 presents the number of separations in each jurisdiction by state or territory of usual residence and patient election status and indicates the number of patients who were treated as public patients in hospitals in a state other than their state of usual residence. In the Northern Territory, more than 90% of separations for patients whose state of usual residence was Western Australia, and more than 97% of separations for patients whose state of usual residence was South Australia, were for public patients. Almost 69% of separations in Queensland hospitals for patients whose state of usual residence was New South Wales and over 62% of separations in New South Wales hospitals for patients whose state of usual residence was Victoria, were for private patients. For most states of usual residence, the age-standardised separation rate was higher for public patients than for private patients. However, for separations for patients whose state of residence was Queensland, the separation rate for private patients was higher than that for public patients.

The average cost weight of separations for each state and territory is presented in Table 7.9 by hospital sector and state or territory of usual residence. As for Table 7.4, this table has been restricted to separations with a care type of *Acute, Newborn* (with at least one qualified patient day) or for which the care type was *Not reported*. Generally, average cost weights in both the public and private sectors were higher in all jurisdictions for interstate patients than for patients resident in the state of hospitalisation. Caution should be used in the interpretation of these data as the average cost weight for a small number of interstate patients can be inflated by the occurrence of relatively small numbers of separations with high cost weights. Public sector separations for Northern Territory residents had higher average cost weights in all other states and territories compared to the Northern Territory. This reflects a tendency for Northern Territory residents who require more complex treatment to attend hospitals in other states.

Care type

The data element 'Care type' defines the overall nature of a clinical service provided to an admitted patient during an episode of care. Definitions of each care type are summarised in the Glossary.

Care type was reported for most separations, but was not available for over 18% of the private hospital separations in Tasmania. Not all states and territories supplied detailed information for rehabilitation and palliative care. For rehabilitation, a category of *Rehabilitation, not further specified* was used by some states and territories and is included in Tables 7.10 and 7.11. Due to the small number of separations reported in the palliative care sub-categories, all palliative care separations have been reported as *Palliative care* in Tables 7.10 and 7.11, without disaggregation into sub-categories.

The *Newborn* care type is used for all patients aged 9 days or less at admission. Newborn episodes of care comprise separations with qualified days only, separations with a mixture

of qualified and unqualified days, and separations with unqualified days only. Most states and territories have implemented this *Newborn* definition; however, Tasmania and the Northern Territory did not report *Newborn* separations according to the *National Health Data Dictionary* definition (see the Glossary and Appendix 3). Victoria did not provide complete data for the private sector for *Newborn* separations with unqualified days only.

Additionally, some states and territories reported data for *Hospital boarders* and *Posthumous organ procurement*, which are included in the care type data element. This activity is not considered to be admitted patient care, so records relating to it have been excluded from this report. See Appendix 3 for more detail on this activity.

Table 7.10 presents the number of separations for each care type. For public and private sectors combined, 93.0% of separations were classified as episodes of *Acute care*, 3.6% as *Newborn* and 1.8% as *Rehabilitation care*. There was some variation among the states and territories and between the public and private sectors. For example, the proportion of public hospital separations that was for *Rehabilitation care* ranged from 0.9% (655) in the Northern Territory to 2.0% in Queensland (15,147).

Newborn separations with unqualified days only have been included in Tables 7.10 and 7.11 only in this report and, as such, will cause total separations in Table 7.10 to differ from those of other tables. They accounted for an additional 194,325 separations, the majority (148,542 or 76.4%) in the public sector.

The average length of stay for episodes of *Acute care* in private hospitals (2.5 days) was shorter than that for public hospitals (3.2 days) (Table 7.11). The average length of stay for *Newborn* episodes with a mixture of qualified and unqualified days has been presented separately as the average number of qualified days and the average number of unqualified days. In the public sector, the average length of stay for these 'mixed' separations was 3.1 qualified days and 2.5 unqualified days, compared with 9.6 days for newborns with qualified days only and 2.8 days for newborns with no qualified days. In the private sector, the average length of stay for these 'mixed' separations was 4.2 qualified days and 3.8 unqualified days, compared with 7.0 days for qualified newborns and 4.5 days for unqualified newborns.

Non-acute care

Table 7.12 presents information by patient election status and mode of separation (see note on variations in the data domains used for this data element below) for separations with a non-acute care type – *Rehabilitation care*, *Palliative care*, *Psychogeriatric care*, *Geriatric evaluation and management* and *Maintenance care*, with the latter three combined as *Other non-acute care*. Data on patients receiving non-acute care may provide information relevant to continuity of care.

Overall, 63.4% of all separations with non-acute care were in public hospitals and 53.8% of non-acute patients elected to be treated as public patients. For separations with non-acute care, the most common mode of separation was *Other*, which includes discharge to usual residence/own accommodation/welfare institution (70.5%), while 7.4% reported a separation mode of *Discharge/transfer to a residential aged care service*, 6.5% had a separation mode of *Statistical discharge – type change* (indicating that the patient remained in the same hospital to receive other care) and 5.9% reported a separation mode of *Discharge/transferred to an(other) hospital* (acute or psychiatric) (see Table 7.12). There was some variation between hospital sectors in the modes of separation reported for non-acute care. For example, 8.2% of

separations for non-acute care in public hospitals were transferred to another hospital (acute or psychiatric), compared to 2.7% in private hospitals. There was also variation in the mode of separation by type of non-acute care, as 83.5% of separations for *Rehabilitation care* reported a separation mode of *Other* compared to 37.5% of separations for *Palliative care* and 54.8% for *Other non-acute care*.

Table 7.13 presents information by age, sex and mode of separation for separations for non-acute care. The majority of separations for patients whose care type was reported as *Rehabilitation care* were for females (56.3%), and over half of the female patients were aged 75 years and over (52.9%, 38,378 separations). For *Palliative care*, the majority of separations were reported for males (52.8%) and 86.0% of all *Palliative care* patients were aged over 55 years. For *Other non-acute care*, the majority of separations were for females (58.3%), with 75 years and over the most common age group for both sexes (60.7%, 32,919).

Mode of admission

The data element 'Mode of admission' records the mechanism by which a patient begins an episode of care, and is presented in Table 7.14.

In both public and private hospitals, most separations had a mode of admission of *Other* (94.3%, 6,454,575), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of both *Admitted patient transferred from another hospital* (194,480 or 4.6% of public hospital separations) and *Statistical admission: type change* (63,831 or 1.5% of public hospital separations) than were reported for private hospitals (86,873 or 3.3% and 7,085 or 0.3% of private hospital separations, respectively). Among the states and territories, New South Wales had the highest proportion of separations (5.2%) with an admission mode of *Admitted patient transferred from another hospital*.

Mode of separation

The mode of separation records the status of the patient (discharged, transferred, care type change, died) at the time of separation and, for some categories, the place to which the person was discharged or transferred, as shown in Table 7.15. Due to changes in the *National Health Data Dictionary* definition for some of the categories for this data element between version 9.0 in 2000–01 and version 12.0 in 2003–04 (NHDC 2000, 2003), and differences in the use of these definitions by jurisdictions, the use of some categories differs between jurisdictions. For 2003–04, the category *Discharge/transfer to residential aged care service* includes separations where the patient was discharged to a residential aged care service which was their usual place of residence in Victoria and for New South Wales private hospital data. Consequently the number of separations with a mode of separation of *Other* may be underestimated for those jurisdictions. As the reporting of the category *Discharge/transfer to residential aged care service* also differed over time for some jurisdictions, comparisons with mode of separation data from previous years should be interpreted with caution.

The majority of separations (6,303,623, 92.1%) were included in the *Other* category, suggesting that most patients go home after their episode of care. This was particularly the case in the private sector, where 96.8% of separations (2,556,297) were categorised as *Other*;

compared with 89.2% (3,747,326) in the public sector. The main difference between the sectors was that more public sector patients were transferred to other hospitals (5.8%) than was the case for private sector patients (1.8%). There were also greater proportions of separations in the public sector for the categories *Died* and the *Left against medical advice/discharge at own risk*.

There is a discrepancy between the number of patients reporting a mode of separation of *Discharged/transferred to an (other) hospital* (acute and psychiatric) (290,670, see Table 7.15) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (281,353, see Table 7.14). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission.

Inter-hospital contracted patient status

Table 7.16 reports on the data element 'Inter-hospital contracted patient'. An episode of care for an inter-hospital contracted patient is defined in the *National Health Data Dictionary* version 12.0 (NHDC 2003) as an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service and for which the activity is recorded by both hospitals. Thus it includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and regional or area health services.

Contracted care was reported for 0.4% (30,316) of separations. The total number of inter-hospital contracted patients was higher for private hospitals (23,787) than for public hospitals (6,529).

Approximately 47.0% (3,068 separations) of contracted care provided by public hospitals was purchased by private hospitals and 83.8% (19,934 separations) of contracted care provided by private hospitals was purchased by public hospitals.

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double-counting of hospital activity in the National Hospital Morbidity Database.

Urgency of admission

Table 7.17 reports on the data element 'Urgency of admission'. This data element describes whether the admission was assigned an urgency status and, if so, whether the admission occurred on an emergency (admission should occur within 24 hours) or an elective basis. The table also includes information on whether the separations were considered to be *Surgical* or *Other*. These categories have been determined based on the Surgical, Medical, Other partitions of the AR-DRG classification which are assigned generally on the presence of operating room procedures for the Surgical partition and non-operating room procedures for the Medical and Other partitions (see Chapter 12). For this table the category *Other* includes both the Medical and Other partitions of the AR-DRG classification.

The majority of *Emergency* admissions were treated in the public sector (89.4%) and 54.5% of *Elective* admissions were treated in the private sector. For both the private and public sectors

combined, 28.2% (1,932,319) of separations were assigned an *Emergency* status, 57.3% of separations (3,922,260) were assigned an *Elective* status and the status was *Not assigned* for 14.2% of separations. In the public hospital sector, 62.5% of separations that were assigned an *Elective* status and 51.8% of separations that were assigned an *Emergency* status were classified as *Surgical*. In the private sector, approximately 81.0% of separations were assigned an *Elective* status and 51.1% of these were classified as *Surgical*. An *Emergency* status was assigned for 7.7% of private hospital separations and 51.1% of these separations were classified as *Surgical*.

Hospital in the home care

Table 7.18 reports on the data element 'Hospital in the home', which is used to report the number of days of hospital in the home care provided. Most states and territories have hospital in the home programs under which admitted patients are provided with hospital care in the home. This care has been defined in the *National Health Data Dictionary* version 12.0 (NHDC 2003) as occurring in the patient's (permanent or temporary) place of residence as a substitute for hospital accommodation, and within an episode of care for an admitted patient.

For 2003-04, New South Wales and Tasmania did not report this data element. For Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory, data on hospital in the home care were provided as defined in the *National Health Data Dictionary*, and separations including this care were included in the National Hospital Morbidity Database. For Queensland, hospital in the home care was reported for several public hospitals and a small number of private hospitals in 2003-04. Queensland Health advised that while the volume of services provided under these programs has been increasing in recent years, it still remains a very small percentage of total admitted patient activity. In South Australia, hospital in the home care was defined as separate episodes of care and therefore the total number of patient days is equal to the number of hospital in the home care days for these separations.

Nationally, there were 45,245 separations that reported hospital in the home care. They accounted for 403,133 patient days, of which 296,718 days (73.6%) were reported as hospital in the home care days. Same day separations accounted for 13.1% (5,925 separations) of separations reporting hospital in the home days.

Table 7.1: Separations and patient days^(a), by Medicare eligibility status, patient election status^(b), funding source and hospital sector, Australia, 1999–00 to 2003–04

	1999–00		2000–01		2001–02		2002–03		2003–04		Change in number of separations (per cent)	
	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Average since 1999–00	Average since 2002–03
Public hospitals												
Medicare eligible	3,854	16,078	3,867	15,636	3,948	16,166	4,073	16,357	4,182	16,324	2.1	2.7
Public	3,388	13,810	3,371	13,271	3,437	13,693	3,555	13,901	3,644	13,784	1.8	2.5
Private	466	2,268	496	2,365	511	2,473	518	2,456	538	2,541	3.6	3.9
Compensable ^(c)	41	208	41	206	39	197	42	203	43	205	1.0	2.0
Department of Veterans' Affairs	127	783	133	817	132	833	138	855	138	860	2.1	0.5
Other private	298	1,277	322	1,342	340	1,443	338	1,397	357	1,475	4.6	5.6
Not Medicare eligible	17	103	14	54	15	55	14	52	14	50	-5.2	-4.7
Not reported	2	63	2	36	2	16	4	16	5	44	22.8	9.9
Total	3,873	16,243	3,882	15,726	3,966	16,237	4,091	16,425	4,200	16,418	2.1	2.7
Private hospitals												
Medicare eligible	2,011	6,310	2,230	6,608	2,366	6,750	2,493	6,925	2,595	7,015	6.6	4.1
Public	81	273	102	317	105	344	98	302	87	219	1.8	-11.7
Private	1,930	6,038	2,129	6,291	2,261	6,406	2,395	6,623	2,508	6,796	6.8	4.7
Compensable ^(c)	65	187	82	251	62	180	60	179	57	166	-3.4	-5.6
Department of Veterans' Affairs	167	866	183	933	184	919	193	953	190	945	3.2	-1.6
Other private	1,697	4,985	1,864	5,107	2,015	5,307	2,141	5,491	2,262	5,685	7.4	5.6
Not Medicare eligible	6	13	8	19	9	22	6	14	5	16	-3.6	-11.5
Not reported	9	37	34	116	58	192	56	176	40	134	44.2	-27.3
Total	2,026	6,361	2,272	6,743	2,433	6,964	2,554	7,115	2,641	7,165	6.8	3.4
All hospitals												
Medicare eligible	5,865	22,388	6,097	22,244	6,314	22,916	6,566	23,282	6,778	23,339	3.7	3.2
Public	3,469	14,083	3,472	13,588	3,542	14,037	3,653	14,203	3,731	14,002	1.8	2.1
Private	2,396	8,306	2,625	8,656	2,772	8,879	2,912	9,079	3,046	9,336	6.2	4.6
Compensable ^(c)	106	394	122	457	101	377	102	382	99	372	-1.6	-2.5
Department of Veterans' Affairs	295	1,650	316	1,750	315	1,752	331	1,809	328	1,805	2.7	-0.7
Other private	1,995	6,262	2,186	6,449	2,355	6,750	2,480	6,888	2,619	7,159	7.0	5.6
Not Medicare eligible	23	116	21	73	24	77	20	67	19	66	-4.8	-6.6
Not reported	11	100	35	152	61	209	60	193	45	178	41.1	-24.7
Total separations/patient days	5,899	22,604	6,154	22,469	6,398	23,201	6,645	23,541	6,841	23,583	3.8	2.9

(a) Separations and patient days for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Changes in the data elements used to present data in this table may have resulted in discontinuities in some categories. See Appendix 3 for more detail.

(c) Includes separations for which the funding source was reported as *Workers compensation*, *Motor vehicle third party personal claim* and *Other compensation* for 2001–02 to 2003–04. This differs from Tables 7.2 to 7.5 because *Other compensation* is included in the *Other private patients* category in those tables.

Table 7.2: Separations^(a), by patient election status, funding source and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1,087,537	1,051,621	648,597	333,522	328,785	65,701	63,102	67,503	3,646,368
Public ^(c)	1,084,952	1,050,359	646,732	333,197	327,872	65,701	63,092	67,390	3,639,295
Private patients	237,811	132,100	72,416	33,724	50,324	14,857	5,927	2,613	549,772
Private health insurance	149,592	66,545	31,288	18,464	28,557	9,293	3,160	837	307,736
Self-funded ^(d)	18,150	14,277	14,296	842	2,043	0	94	162	49,864
Workers compensation	7,225	5,790	3,706	1,636	1,612	327	332	413	21,041
Motor vehicle third party personal claim	4,833	8,473	2,432	1,671	1,916	744	137	425	20,631
Department of Veterans' Affairs	56,018	36,046	15,314	9,062	15,145	4,485	1,789	499	138,358
Other ^(e)	1,993	969	5,380	2,049	1,051	8	415	277	12,142
Patient election status not reported	187	3,808	0	0	0	360	0	0	4,355
Total	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495
Private hospitals									
Public patients ^(b)	2,441	1,846	16,984	56,576	1,291	n.p.	n.p.	n.p.	86,965
Public ^(c)	2,440	1,843	16,984	56,570	1,281	n.p.	n.p.	n.p.	86,945
Private patients	709,698	677,615	623,063	233,617	204,920	n.p.	n.p.	n.p.	2,551,103
Private health insurance	562,911	532,159	458,736	195,106	177,670	n.p.	n.p.	n.p.	2,019,259
Self-funded ^(d)	83,829	79,347	68,516	12,698	8,736	n.p.	n.p.	n.p.	255,240
Workers compensation	13,806	14,583	9,119	6,018	5,463	n.p.	n.p.	n.p.	50,831
Motor vehicle third party personal claim	234	3,923	36	786	358	n.p.	n.p.	n.p.	5,498
Department of Veterans' Affairs	47,983	46,702	77,554	17,149	11,758	n.p.	n.p.	n.p.	205,037
Other ^(e)	935	901	9,102	1,860	935	n.p.	n.p.	n.p.	15,238
Patient election status not reported	6	1,345	0	0	0	n.p.	n.p.	n.p.	2,629
Total	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697
All hospitals									
Public patients ^(b)	1,089,978	1,053,467	665,581	390,098	330,076	n.p.	n.p.	n.p.	3,733,333
Public ^(c)	1,087,392	1,052,202	663,716	389,767	329,153	n.p.	n.p.	n.p.	3,726,240
Private patients	947,509	809,715	695,479	267,341	255,244	n.p.	n.p.	n.p.	3,100,875
Private health insurance	712,503	598,704	490,024	213,570	206,227	n.p.	n.p.	n.p.	2,326,995
Self-funded ^(d)	101,979	93,624	82,812	13,540	10,779	n.p.	n.p.	n.p.	305,104
Workers compensation	21,031	20,373	12,825	7,654	7,075	n.p.	n.p.	n.p.	71,872
Motor vehicle third party personal claim	5,067	12,396	2,468	2,457	2,274	n.p.	n.p.	n.p.	26,129
Department of Veterans' Affairs	104,001	82,748	92,868	26,211	26,903	n.p.	n.p.	n.p.	343,395
Other ^(e)	2,928	1,870	14,482	3,909	1,986	n.p.	n.p.	n.p.	27,380
Patient election status not reported	193	5,153	0	0	0	n.p.	n.p.	n.p.	6,984
Total	2,037,680	1,868,335	1,361,060	657,439	585,320	n.p.	n.p.	n.p.	6,841,192

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

n.p. Not published.

Table 7.3: Separations^(a) per 1,000 population, by patient election status, funding source and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	158.9	208.5	170.1	173.3	206.2	133.4	214.5	410.0	180.6
Public ^(c)	156.1	208.0	169.6	172.9	205.6	133.4	214.5	409.4	179.3
Private patients	34.0	25.7	19.2	17.8	29.7	28.6	21.1	18.9	26.9
Private health insurance	21.7	13.2	8.3	9.6	17.6	18.2	10.8	5.4	15.2
Self-funded ^(d)	2.7	2.9	3.8	0.4	1.4	0.0	0.3	0.8	2.5
Workers compensation	1.1	1.2	1.0	0.8	1.1	0.7	1.0	2.0	1.1
Motor vehicle third party personal claim	0.7	1.7	0.6	0.9	1.3	1.6	0.4	2.1	1.0
Department of Veterans' Affairs	7.5	6.6	4.1	5.0	7.7	8.1	7.4	7.3	6.5
Other ^(e)	0.3	0.2	1.4	1.1	0.7	0.0	1.2	1.3	0.6
Patient election status not reported	0.0	0.8	0.0	0.0	0.5	0.8	0.0	0.0	0.3
Total	192.9	235.0	189.3	191.0	235.9	162.8	235.6	428.9	207.7
Private hospitals									
Public patients ^(b)	0.3	0.4	4.4	29.5	0.8	n.p.	n.p.	n.p.	4.3
Public ^(c)	0.3	0.4	4.4	29.5	0.8	n.p.	n.p.	n.p.	4.3
Private patients	102.7	133.3	163.3	120.3	124.0	n.p.	n.p.	n.p.	125.1
Private health insurance	81.7	105.0	119.9	100.1	107.8	n.p.	n.p.	n.p.	99.3
Self-funded ^(d)	12.2	15.8	18.0	6.5	5.7	n.p.	n.p.	n.p.	12.7
Workers compensation	2.0	2.9	2.4	3.0	3.6	n.p.	n.p.	n.p.	2.5
Motor vehicle third party personal claim	0.0	0.8	0.0	0.4	0.2	n.p.	n.p.	n.p.	0.3
Department of Veterans' Affairs	6.5	8.6	20.7	9.4	6.0	n.p.	n.p.	n.p.	9.7
Other ^(e)	0.1	0.2	2.4	1.0	0.6	n.p.	n.p.	n.p.	0.8
Patient election status not reported	0.0	0.3	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.1
Total	103.0	133.9	167.8	149.8	124.8	n.p.	n.p.	n.p.	129.6
All hospitals									
Public patients ^(b)	159.3	208.9	174.5	202.7	207.0	n.p.	n.p.	n.p.	184.9
Public ^(c)	156.5	208.3	174.0	202.4	206.4	n.p.	n.p.	n.p.	183.6
Private patients	136.6	159.0	182.5	138.1	153.7	n.p.	n.p.	n.p.	152.0
Private health insurance	103.4	118.2	128.2	109.7	125.5	n.p.	n.p.	n.p.	114.4
Self-funded ^(d)	14.9	18.6	21.7	6.9	7.0	n.p.	n.p.	n.p.	15.1
Workers compensation	3.1	4.1	3.3	3.8	4.6	n.p.	n.p.	n.p.	3.6
Motor vehicle third party personal claim	0.8	2.5	0.6	1.2	1.5	n.p.	n.p.	n.p.	1.3
Department of Veterans' Affairs	14.0	15.2	24.8	14.4	13.8	n.p.	n.p.	n.p.	16.2
Other ^(e)	0.4	0.4	3.8	2.0	1.3	n.p.	n.p.	n.p.	1.4
Patient election status not reported	0.0	1.1	0.0	0.0	0.5	n.p.	n.p.	n.p.	0.4
Total	295.9	368.9	357.0	340.8	360.7	n.p.	n.p.	n.p.	337.2

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

n.p. Not published.

Table 7.4: Average cost weight of separations^(a), by patient election status, funding source and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1.04	0.93	0.99	0.95	0.98	1.05	0.93	0.74	0.98
Public ^(c)	1.04	0.92	0.99	0.95	0.98	1.05	0.93	0.73	0.98
Private patients	1.19	1.24	1.02	1.24	1.15	1.04	1.41	1.24	1.18
Private health insurance	1.16	1.29	0.90	1.18	1.06	0.99	1.49	1.10	1.15
Self-funded ^(d)	1.25	0.80	1.04	0.83	0.78	..	0.92	1.06	1.03
Workers compensation	1.22	1.13	1.17	1.38	1.11	0.99	1.30	1.09	1.19
Motor vehicle third party personal claim	1.86	2.17	2.06	2.49	2.18	2.10	2.85	2.36	2.11
Department of Veterans' Affairs	1.21	1.11	1.04	1.15	1.25	0.98	1.31	0.89	1.16
Other ^(e)	1.24	1.09	1.08	1.13	1.09	0.94	1.00	1.00	1.11
Patient election status not reported	1.43	1.20	..	..	..	1.16	..	..	1.21
Total	1.07	0.96	0.99	0.98	1.01	1.05	0.97	0.75	1.00
Private hospitals									
Public patients ^(b)	0.52	0.39	0.44	0.52	0.65	n.p.	n.p.	n.p.	0.54
Public ^(c)	0.52	0.39	0.44	0.52	0.65	n.p.	n.p.	n.p.	0.54
Private patients	0.88	0.84	0.84	0.89	0.92	n.p.	n.p.	n.p.	0.87
Private health insurance	0.89	0.86	0.87	0.88	0.91	n.p.	n.p.	n.p.	0.88
Self-funded ^(d)	0.68	0.41	0.48	0.58	0.68	n.p.	n.p.	n.p.	0.54
Workers compensation	1.03	1.02	0.89	0.92	1.08	n.p.	n.p.	n.p.	0.99
Motor vehicle third party personal claim	0.98	1.12	1.21	1.02	1.03	n.p.	n.p.	n.p.	1.10
Department of Veterans' Affairs	1.11	1.27	1.04	1.16	1.12	n.p.	n.p.	n.p.	1.13
Other ^(e)	1.08	0.47	0.41	0.81	0.78	n.p.	n.p.	n.p.	0.56
Patient election status not reported	0.31	0.53	..	..	..	n.p.	n.p.	n.p.	0.61
Total	0.88	0.84	0.83	0.82	0.92	n.p.	n.p.	n.p.	0.85

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or was *Not reported*.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes separations for which the funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

n.p. Not published.

.. Not applicable.

Table 7.5: Patient days^(a), by patient election status, funding source and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	4,573,772	3,647,729	2,359,254	1,264,450	1,271,499	294,194	205,930	203,652	13,820,480
Public ^(c)	4,563,853	3,614,681	2,355,649	1,263,120	1,271,013	294,194	205,842	203,291	13,771,643
Private patients	1,206,018	599,878	258,499	155,547	266,915	57,592	29,265	9,860	2,583,574
Private health insurance	671,084	295,896	113,803	72,452	135,866	28,400	15,467	2,205	1,335,173
Self-funded ^(d)	57,395	22,067	22,241	3,305	4,723	..	200	748	110,679
Workers compensation	27,031	17,461	11,587	6,299	5,059	1,170	1,165	1,296	71,068
Motor vehicle third party personal claim	32,650	42,287	14,306	13,359	15,227	5,424	1,236	3,048	127,537
Department of Veterans' Affairs	375,167	218,684	78,269	49,927	104,026	22,570	9,905	1,763	860,311
Other ^(e)	42,691	3,483	18,293	10,205	2,014	28	1,292	800	78,806
Patient election status not reported	1,638	11,532	0	0	0	1,257	0	0	14,427
Total	5,781,428	4,259,139	2,617,753	1,419,997	1,538,414	353,043	235,195	213,512	16,418,481
Private hospitals									
Public patients ^(b)	4,929	3,385	49,974	131,442	3,878	n.p.	n.p.	n.p.	218,708
Public ^(c)	4,890	3,382	49,974	131,436	3,865	n.p.	n.p.	n.p.	218,647
Private patients	1,854,732	1,836,727	1,718,333	674,417	562,011	n.p.	n.p.	n.p.	6,942,353
Private health insurance	1,458,140	1,411,635	1,239,850	537,509	488,847	n.p.	n.p.	n.p.	5,402,838
Self-funded ^(d)	130,797	99,119	80,412	15,620	10,620	n.p.	n.p.	n.p.	339,545
Workers compensation	30,378	39,773	14,825	10,678	13,732	n.p.	n.p.	n.p.	113,503
Motor vehicle third party personal claim	965	45,608	105	1,948	905	n.p.	n.p.	n.p.	51,025
Department of Veterans' Affairs	232,097	239,425	370,933	104,595	46,161	n.p.	n.p.	n.p.	1,011,587
Other ^(e)	2,355	1,167	12,208	4,067	1,746	n.p.	n.p.	n.p.	23,855
Patient election status not reported	6	2,029	0	0	0	n.p.	n.p.	n.p.	3,671
Total	1,859,667	1,842,141	1,768,307	805,859	565,889	n.p.	n.p.	n.p.	7,164,732
All hospitals									
Public patients ^(b)	4,578,701	3,651,114	2,409,228	1,395,892	1,275,377	n.p.	n.p.	n.p.	14,039,188
Public ^(c)	4,568,743	3,618,063	2,405,623	1,394,556	1,274,878	n.p.	n.p.	n.p.	13,990,290
Private patients	3,060,750	2,436,605	1,976,832	829,964	828,926	n.p.	n.p.	n.p.	9,525,927
Private health insurance	2,129,224	1,707,531	1,353,653	609,961	624,713	n.p.	n.p.	n.p.	6,738,011
Self-funded ^(d)	188,192	121,186	102,653	18,925	15,343	n.p.	n.p.	n.p.	450,224
Workers compensation	57,409	57,234	26,412	16,977	18,791	n.p.	n.p.	n.p.	184,571
Motor vehicle third party personal claim	33,615	87,895	14,411	15,307	16,132	n.p.	n.p.	n.p.	178,562
Department of Veterans' Affairs	607,264	458,109	449,202	154,522	150,187	n.p.	n.p.	n.p.	1,871,898
Other ^(e)	45,046	4,650	30,501	14,272	3,760	n.p.	n.p.	n.p.	102,661
Patient election status not reported	1,644	13,561	0	0	0	n.p.	n.p.	n.p.	18,098
Total	7,641,095	6,101,280	4,386,060	2,225,856	2,104,303	n.p.	n.p.	n.p.	23,583,213

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations with a patient election status of *Public* and a funding source of *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations with a patient election status of *Private* and a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

n.p. Not published.

.. Not applicable.

Table 7.6: Separations^(a), by patient election status, funding source and age group, 2003–04

	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
Public hospitals												
Public patients ^(c)	107,816	125,547	155,212	301,089	459,364	402,763	427,912	489,905	579,049	444,062	153,648	3,646,368
Public ^(d)	107,694	125,358	155,006	299,548	457,622	402,071	427,323	489,142	578,344	443,663	153,523	3,639,295
Private patients	10,902	17,476	21,412	30,536	43,289	43,619	50,375	62,434	73,735	145,678	50,316	549,772
Private health insurance	9,641	14,094	16,597	13,651	23,156	27,201	35,501	46,640	52,762	50,001	18,492	307,736
Self-funded ^(e)	870	2,584	2,992	5,861	8,721	6,281	5,154	5,221	6,372	4,662	1,146	49,864
Workers compensation	1	0	17	3,898	4,849	5,001	4,494	2,299	432	47	3	21,041
Motor vehicle third party personal claim	50	384	1,264	5,476	4,004	2,989	2,311	1,520	1,324	1,067	242	20,631
Department of Veterans' Affairs	0	0	8	22	73	550	1,546	5,559	11,562	88,903	30,135	138,358
Other ^(f)	340	414	534	1,628	2,486	1,597	1,369	1,195	1,283	998	298	12,142
Patient election status not reported	382	223	149	1,112	909	357	367	294	327	185	50	4,355
Total	119,100	143,246	176,773	332,737	503,562	446,739	478,654	552,633	653,111	589,925	204,014	4,200,495
Private hospitals												
Public patients ^(c)	918	1,147	1,599	4,368	8,264	10,866	12,152	15,502	17,205	12,022	2,922	86,965
Public ^(d)	918	1,147	1,599	4,366	8,259	10,864	12,150	15,498	17,202	12,021	2,921	86,945
Private patients	22,880	29,383	49,269	153,220	256,437	310,308	385,547	444,117	392,186	401,456	106,299	2,551,103
Private health insurance	21,412	25,489	43,710	113,821	198,317	253,780	329,112	385,519	339,496	244,854	63,749	2,019,259
Self-funded ^(e)	1,404	3,841	5,352	32,693	44,711	37,618	33,089	31,679	31,015	27,376	6,461	255,240
Workers compensation	1	2	12	3,524	9,022	14,109	14,709	8,227	1,090	125	10	50,831
Motor vehicle third party personal claim	4	2	50	881	1,195	1,127	994	601	354	235	55	5,498
Department of Veterans' Affairs	2	1	8	94	506	1,125	5,297	15,540	18,772	127,848	35,844	205,037
Other ^(f)	57	48	137	2,207	2,686	2,549	2,346	2,551	1,459	1,018	180	15,238
Patient election status not reported	33	0	5	684	417	294	431	395	298	68	4	2,629
Total	23,831	30,530	50,873	158,272	265,118	321,468	398,130	460,014	409,689	413,546	109,225	2,640,697
All hospitals												
Public patients ^(c)	108,734	126,694	156,811	305,457	467,628	413,629	440,064	505,407	596,254	456,084	156,570	3,733,333
Public ^(d)	108,612	126,505	156,605	303,914	465,881	412,935	439,473	504,640	595,546	455,684	156,444	3,726,240
Private patients	33,782	46,859	70,681	183,756	299,726	353,927	435,922	506,551	465,921	547,134	156,615	3,100,875
Private health insurance	31,053	39,583	60,307	127,472	221,473	280,981	364,613	432,159	392,258	294,855	82,241	2,326,995
Self-funded ^(e)	2,274	6,425	8,344	38,554	53,432	43,899	38,243	36,900	37,387	32,038	7,607	305,104
Workers compensation	2	2	29	7,422	13,871	19,110	19,203	10,526	1,522	172	13	71,872
Motor vehicle third party personal claim	54	386	1,314	6,357	5,199	4,116	3,305	2,121	1,678	1,302	297	26,129
Department of Veterans' Affairs	2	1	16	116	579	1,675	6,843	21,099	30,334	216,751	65,979	343,395
Other ^(f)	397	462	671	3,835	5,172	4,146	3,715	3,746	2,742	2,016	478	27,380
Patient election status not reported	415	223	154	1,796	1,326	651	798	689	625	253	54	6,984
Total	142,931	173,776	227,646	491,009	768,680	768,207	876,784	1,012,647	1,062,800	1,003,471	313,239	6,841,192

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which the age group was not reported.

(c) Includes separations for which the patient election status was *Public* and the funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(d) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(e) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(f) Includes separations for which the patient election status was *Private* and the funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

Table 7.7: Separations^(a), by state or territory of usual residence and hospital sector, states and territories, 2003–04

State or territory of usual residence	State or territory of hospitalisation									Separations per 1,000 population
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public hospitals										
New South Wales	1,300,953	18,342	9,324	458	1,740	179	17,447	276	1,348,719	196.3
Victoria	5,223	1,160,902	1,715	388	2,224	307	197	242	1,171,198	231.8
Queensland	8,883	1,107	704,940	321	285	118	106	291	716,051	188.0
Western Australia	435	359	266	364,613	267	42	23	884	366,889	190.8
South Australia	639	1,550	424	197	371,943	71	35	2,098	376,957	234.5
Tasmania	218	1,452	192	49	77	80,113	9	0	82,110	165.3
Australian Capital Territory	2,312	185	142	48	60	5	51,146	0	53,898	183.3
Northern Territory	232	247	321	190	1,910	9	22	65,898	68,829	421.0
Other Australian territories ^(b)	807	883	6	127	0	0	0	0	1,823	935.0
Not elsewhere classified ^(c)	5,833	2,502	2,967	855	69	63	0	426	12,715	..
Not reported	0	0	716	0	534	11	44	1	1,306	..
Total	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495	207.7
Private hospitals										
New South Wales	699,593	6,356	23,369	154	1,350	n.p.	n.p.	n.p.	737,806	105.9
Victoria	6,269	671,769	1,430	158	1,347	n.p.	n.p.	n.p.	681,177	132.9
Queensland	2,718	666	612,739	144	154	n.p.	n.p.	n.p.	616,537	160.4
Western Australia	215	269	188	289,205	118	n.p.	n.p.	n.p.	290,069	148.5
South Australia	163	467	255	44	201,760	n.p.	n.p.	n.p.	202,734	121.7
Tasmania	185	702	253	42	73	n.p.	n.p.	n.p.	64,633	127.6
Australian Capital Territory	1,556	173	110	19	34	n.p.	n.p.	n.p.	27,159	89.1
Northern Territory	202	163	448	102	1,006	n.p.	n.p.	n.p.	12,702	78.0
Other Australian territories ^(b)	70	5	86	52	0	n.p.	n.p.	n.p.	213	110.2
Not elsewhere classified ^(c)	1,174	236	732	273	37	n.p.	n.p.	n.p.	2,462	..
Not reported	0	0	437	0	332	n.p.	n.p.	n.p.	5,205	..
Total	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697	129.6

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(c) Includes resident overseas, at sea, no fixed address.

n.p. Not published.

.. Not applicable.

Table 7.8: Separations^(a), by state or territory of usual residence and patient election status, states and territories, 2003–04

State or territory of usual residence	State or territory of hospitalisation								Total	Separations per 1,000 population
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT		
Public patients										
New South Wales	1,071,166	16,282	10,189	411	1,370	154	16,033	232	1,115,837	163.0
Victoria	4,351	1,030,692	1,669	381	1,804	258	169	207	1,039,531	206.1
Queensland	8,080	931	649,466	286	226	90	95	253	659,427	172.9
Western Australia	380	308	243	388,014	203	34	20	852	390,054	202.7
South Australia	508	1,180	384	167	324,167	62	28	2,063	328,559	206.0
Tasmania	164	1,190	166	53	67	72,505	7	0	74,152	150.9
Australian Capital Territory	1,736	153	127	43	47	5	46,700	0	48,811	165.3
Northern Territory	175	200	271	174	1,671	7	17	63,614	66,129	401.8
Other Australian territories ^(b)	740	787	5	125	0	0	0	0	1,657	843.9
Not elsewhere classified ^(c)	2,678	1,744	2,328	444	32	31	0	281	7,538	..
Not reported	0	0	733	0	489	382	33	1	1,638	..
<i>Total</i>	<i>1,089,978</i>	<i>1,053,467</i>	<i>665,581</i>	<i>390,098</i>	<i>330,076</i>	<i>73,528</i>	<i>63,102</i>	<i>67,503</i>	<i>3,733,333</i>	<i>184.9</i>
Private patients										
New South Wales	929,203	8,380	22,504	201	1,720	90	8,284	87	970,469	139.9
Victoria	7,140	797,733	1,476	165	1,767	128	103	72	808,584	158.8
Queensland	3,521	825	668,213	179	213	72	45	65	673,133	176.6
Western Australia	269	311	211	265,804	182	20	5	88	266,890	137.9
South Australia	294	832	295	74	249,536	24	14	54	251,123	151.1
Tasmania	239	960	279	38	83	70,621	8	0	72,228	142.2
Australian Capital Territory	2,131	205	125	24	47	2	29,711	0	32,245	107.8
Northern Territory	258	205	498	118	1,245	6	12	11,864	14,206	89.8
Other Australian territories ^(b)	137	46	87	54	0	0	0	0	324	176.2
Not elsewhere classified ^(c)	4,317	218	1,371	684	74	15	0	145	6,824	..
Not reported	0	0	420	0	377	3,978	44	30	4,849	..
<i>Total</i>	<i>947,509</i>	<i>809,715</i>	<i>695,479</i>	<i>267,341</i>	<i>255,244</i>	<i>74,956</i>	<i>38,226</i>	<i>12,405</i>	<i>3,100,875</i>	<i>152.0</i>
Total^(d)	2,037,680	1,868,335	1,361,060	657,439	585,320	148,881	101,328	81,149	6,841,192	337.2

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(c) Includes resident overseas, at sea, no fixed address.

(d) Includes patients whose patient election status was *Not reported*.

n.p. Not published.

.. Not applicable.

Table 7.9: Average cost weight of separations^(a), by state or territory of usual residence and hospital sector, states and territories, 2003–04

State or territory of usual residence	State or territory of hospitalisation								Total
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	
Public hospitals									
New South Wales	1.07	0.97	1.54	1.11	1.74	1.02	1.15	0.88	1.07
Victoria	1.16	0.96	1.05	1.22	1.40	1.31	2.12	1.01	0.96
Queensland	1.14	1.21	0.98	0.96	1.17	0.87	1.32	1.27	0.98
Western Australia	1.20	1.46	1.13	0.97	0.95	0.83	1.09	0.74	0.97
South Australia	1.36	1.84	1.00	1.23	0.99	0.89	1.62	0.67	0.99
Tasmania	1.09	2.33	1.09	1.53	1.06	1.04	0.72	..	1.07
Australian Capital Territory	1.53	1.51	1.24	1.82	1.42	0.50	0.90	..	0.93
Northern Territory	1.53	2.21	1.28	1.76	2.48	0.78	1.49	0.75	0.81
Other Australian territories ^(b)	1.05	1.50	1.37	1.55	..	..	..	..	1.31
Not elsewhere classified ^(c)	1.46	1.27	1.35	1.35	0.78	1.79	..	1.34	1.39
Not reported	..	..	1.28	..	1.91	1.95	2.06	0.76	1.56
Total	1.07	0.96	0.99	0.98	1.01	1.05	0.97	0.75	1.00
Private hospitals									
New South Wales	0.88	1.18	0.98	1.06	1.17	n.p.	n.p.	n.p.	0.89
Victoria	0.79	0.83	0.89	0.80	1.03	n.p.	n.p.	n.p.	0.83
Queensland	0.84	1.09	0.82	1.20	1.54	n.p.	n.p.	n.p.	0.83
Western Australia	1.11	0.91	1.04	0.82	0.86	n.p.	n.p.	n.p.	0.82
South Australia	1.24	0.93	1.13	1.10	0.91	n.p.	n.p.	n.p.	0.91
Tasmania	1.69	1.93	1.18	1.03	1.12	n.p.	n.p.	n.p.	0.96
Australian Capital Territory	1.45	1.26	0.83	1.11	0.95	n.p.	n.p.	n.p.	0.96
Northern Territory	1.18	1.27	1.05	1.16	1.81	n.p.	n.p.	n.p.	0.87
Other Australian territories ^(b)	0.51	0.88	0.62	1.26	..	n.p.	n.p.	n.p.	0.75
Not elsewhere classified ^(c)	2.33	0.74	1.08	0.88	0.73	n.p.	n.p.	n.p.	1.61
Not reported	..	..	1.16	..	1.13	n.p.	n.p.	n.p.	0.57
Total	0.88	0.84	0.83	0.82	0.92	n.p.	n.p.	n.p.	0.85

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(c) Includes resident overseas, at sea, no fixed address.

n.p. Not published.

.. Not applicable.

Table 7.10: Separations^(a), by care type and hospital sector, states and territories, 2003–04

Care type	NSW	Vic ^(b)	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,263,695	1,134,398	687,024	356,203	362,267	78,545	66,365	68,354	4,016,851
Rehabilitation care—not further specified	25,137	21,308	..	4,284	4,193	819	..	655	56,396
Rehabilitation care—delivered in a designated unit	..	..	9,762	..	..	..	331	..	10,093
Rehabilitation care—according to a designated program	..	..	2,596	..	..	..	160	..	2,756
Rehabilitation care—principal clinical intent	..	..	2,789	..	..	..	567	..	3,356
<i>Rehabilitation total</i>	<i>25,137</i>	<i>21,308</i>	<i>15,147</i>	<i>4,284</i>	<i>4,193</i>	<i>819</i>	<i>1,058</i>	<i>655</i>	<i>72,601</i>
Palliative care	8,928	4,296	3,561	610	1,429	387	375	14	19,600
Geriatric evaluation and management	1,001	9,921	591	732	3	22	3	62	12,335
Psychogeriatric care	1,214	2,278	284	729	7	4	2	10	4,528
Maintenance care	8,010	3,804	6,139	2,157	1,634	491	278	143	22,656
Newborn—qualified days only	13,566	9,166	6,130	2,173	3,256	647	804	846	36,588
Newborn—qualified and unqualified days ^(d)	3,972	2,358	1,911	358	411	0	129	0	9,139
Newborn—unqualified days only	51,992	36,729	29,165	13,623	9,812	2,513	2,510	2,198	148,542
<i>Newborn total</i>	<i>69,530</i>	<i>48,253</i>	<i>37,206</i>	<i>16,154</i>	<i>13,479</i>	<i>3,160</i>	<i>3,443</i>	<i>3,044</i>	<i>194,269</i>
Other admitted patient care	2	0	226	0	5,909	0	15	25	6,177
Not reported	10	0	0	0	0	3	0	7	20
Total	1,377,527	1,224,258	750,178	380,869	388,921	83,431	71,539	72,314	4,349,037
Private hospitals									
Acute care	665,747	662,212	620,925	284,050	203,682	n.p.	n.p.	n.p.	2,527,139
Rehabilitation care—not further specified	30,146	10,188	..	1,466	1,943	n.p.	n.p.	n.p.	43,745
Rehabilitation care—delivered in a designated unit	..	..	8,680	..	..	n.p.	n.p.	n.p.	8,680
Rehabilitation care—according to a designated program	..	..	1,840	..	..	n.p.	n.p.	n.p.	1,840
Rehabilitation care—principal clinical intent	..	..	1,725	..	..	n.p.	n.p.	n.p.	1,725
<i>Rehabilitation total</i>	<i>30,146</i>	<i>10,188</i>	<i>12,245</i>	<i>1,466</i>	<i>1,943</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>55,990</i>
Palliative care	428	368	2,448	1,988	121	n.p.	n.p.	n.p.	5,359
Geriatric evaluation and management	1,146	0	0	0	3	n.p.	n.p.	n.p.	1,152
Psychogeriatric care	0	4,002	22	64	0	n.p.	n.p.	n.p.	11,126
Maintenance care	330	121	1,241	252	18	n.p.	n.p.	n.p.	2,420
Newborn—qualified days only	2,603	3,914	1,640	824	418	n.p.	n.p.	n.p.	9,791
Newborn—qualified and unqualified days ^(d)	369	1	600	1,549	..	n.p.	n.p.	n.p.	2,523
Newborn—unqualified days only	18,736	59	14,198	8,225	652	n.p.	n.p.	n.p.	45,783
<i>Newborn total</i>	<i>21,708</i>	<i>3,974</i>	<i>16,438</i>	<i>10,598</i>	<i>1,070</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>58,097</i>
Other admitted patient care	11,376	0	926	0	26	n.p.	n.p.	n.p.	12,347
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	12,850
Total	730,881	680,865	654,245	298,418	206,863	n.p.	n.p.	n.p.	2,686,480

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement*.

(b) The reporting of Newborns with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(c) For South Australia the care type *Other admitted patient care* includes episodes of Hospital in the home care.

(d) Tasmania and the Northern Territory did not supply *Newborn* care according to the *National Health Data Dictionary* definition and did not report any separations with both qualified and unqualified days.

n.p. Not published.

.. Not applicable.

Table 7.11: Average length of stay (days)^(a), by care type and hospital sector, states and territories, 2003–04

Care type	NSW	Vic ^(b)	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Public hospitals									
Acute care	3.7	2.9	2.9	3.2	3.2	3.8	2.9	2.8	3.2
Rehabilitation care—not further specified	18.1	15.6	..	29.3	28.9	29.4	..	5.2	18.8
Rehabilitation care—delivered in a designated unit	..	..	9.9	..	..	..	14.8	..	10.1
Rehabilitation care—according to a designated program	..	..	5.2	..	..	..	24.0	..	6.3
Rehabilitation care—principal clinical intent	..	..	12.3	..	..	..	10.8	..	12.0
<i>Rehabilitation total</i>	<i>18.1</i>	<i>15.6</i>	<i>9.5</i>	<i>29.3</i>	<i>28.9</i>	<i>29.4</i>	<i>14.0</i>	<i>5.2</i>	<i>16.8</i>
Palliative care	11.9	17.2	9.7	10.6	12.2	12.5	17.8	42.2	12.8
Geriatric evaluation and management	11.7	28.1	20.2	8.1	n.p.	19.5	n.p.	20.9	25.1
Psychogeriatric care	72.5	29.0	30.3	45.4	n.p.	n.p.	n.p.	26.6	43.7
Maintenance care	40.2	36.5	53.3	38.9	110.3	34.2	33.0	24.8	47.8
Newborn—qualified days only	7.9	10.0	10.6	12.5	10.8	12.3	11.0	11.3	9.6
Newborn—qualified and unqualified days (qualified days)	3.0	3.3	2.5	4.8	2.1	..	6.0	..	3.1
Newborn—qualified and unqualified days (unqualified days)	2.8	2.5	2.2	2.2	2.1	..	2.7	..	2.5
Newborn—unqualified days only	2.9	2.9	2.4	3.2	3.0	2.9	2.7	3.2	2.8
<i>Newborn total</i>	<i>4.1</i>	<i>4.4</i>	<i>3.9</i>	<i>4.5</i>	<i>4.9</i>	<i>4.9</i>	<i>4.8</i>	<i>5.5</i>	<i>4.3</i>
Other admitted patient care	n.p.	..	7.6	..	6.7	..	3.7	3.0	6.7
Not reported	11.6	..	..	..	..	n.p.	..	n.p.	7.3
Total^(e)	4.2	3.5	3.5	3.7	4.0	4.2	3.3	3.0	3.8
Private hospitals									
Acute care	2.4	2.4	2.6	2.6	2.6	n.p.	n.p.	n.p.	2.5
Rehabilitation care—not further specified	6.6	15.8	..	21.1	14.4	n.p.	n.p.	n.p.	9.6
Rehabilitation care—delivered in a designated unit	..	..	4.3	..	..	n.p.	n.p.	n.p.	4.3
Rehabilitation care—according to a designated program	..	..	9.3	..	..	n.p.	n.p.	n.p.	9.3
Rehabilitation care—principal clinical intent	..	..	9.8	..	..	n.p.	n.p.	n.p.	9.8
<i>Rehabilitation total</i>	<i>6.6</i>	<i>15.8</i>	<i>5.8</i>	<i>21.1</i>	<i>14.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>8.8</i>
Palliative care	13.4	13.4	9.1	11.5	12.4	n.p.	n.p.	n.p.	10.7
Geriatric evaluation and management	2.8	..	..	..	17.0	n.p.	n.p.	n.p.	2.9
Psychogeriatric care	..	6.4	13.9	44.7	..	n.p.	n.p.	n.p.	4.1
Maintenance care	6.8	61.6	41.4	26.0	20.3	n.p.	n.p.	n.p.	29.2
Newborn—qualified days only	5.5	5.4	12.2	8.6	4.0	n.p.	n.p.	n.p.	7.0
Newborn—qualified and unqualified days (qualified days)	12.2	n.p.	2.7	2.9	..	n.p.	n.p.	n.p.	4.2
Newborn—qualified and unqualified days (unqualified days)	3.9	n.p.	3.0	4.0	..	n.p.	n.p.	n.p.	3.8
Newborn—unqualified days only ^(d)	4.5	1.5	4.3	4.8	3.9	n.p.	n.p.	n.p.	4.5
<i>Newborn total</i>	<i>4.8</i>	<i>5.3</i>	<i>5.1</i>	<i>5.4</i>	<i>4.0</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>5.0</i>
Other admitted patient care	5.3	..	12.9	..	4.4	n.p.	n.p.	n.p.	5.8
Not reported	..	..	..	..	..	n.p.	n.p.	n.p.	7.9
Total^(e)	2.5	2.7	2.7	2.7	2.7	n.p.	n.p.	n.p.	2.7

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement*.

(b) The reporting of newborns with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(c) For South Australia the care type *Other admitted patient care* includes episodes of Hospital in the home care.

(d) The reporting of *Newborns* with unqualified days only is not compulsory for the Victorian private sector, therefore the average length of stay for this care type may not be comparable with the average length of stay for other jurisdictions.

(e) Excludes separations for *Newborn* with unqualified days only.

n.p. Not published.

.. Not applicable.

Table 7.12: Separations for non-acute care^(a), by patient election status and mode of separation, all hospitals, Australia, 2003-04

		Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care ^(c) accommodation	Statistical discharge: type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Public hospitals											
Rehabilitation care	Public patients ^(f)	4,181	2,379	80	498	5,101	397	558	360	47,124	60,679
	Private patients	1,332	779	9	151	1,477	52	194	116	7,796	11,906
	Total ^(g)	5,514	3,159	89	649	6,580	450	752	476	54,931	72,601
Palliative care	Public patients ^(f)	677	390	1	124	397	26	151	8,209	5,414	15,389
	Private patients	220	123	0	21	63	4	76	2,557	1,142	4,206
	Total ^(g)	897	513	1	145	460	30	227	10,770	6,557	19,600
Other non-acute ^(h) care	Public patients ^(f)	3,235	8,287	450	530	4,287	187	301	1,655	13,811	32,752
	Private patients	606	1,798	63	107	1,015	20	29	406	2,714	6,758
	Total ^(g)	3,843	10,085	513	638	5,303	207	330	2,062	16,529	39,519
Total		10,254	13,757	603	1,432	12,343	687	1,309	13,308	78,017	131,720
Private hospitals											
Rehabilitation care	Public patients ^(f)	53	121	1	6	63	0	1	19	469	733
	Private patients	1,453	628	2	58	985	45	2	106	51,975	55,254
	Total ^(g)	1,507	749	3	64	1,048	45	3	125	52,446	55,990
Palliative care	Public patients ^(f)	74	43	0	1	14	1	3	936	700	1,772
	Private patients	63	34	0	9	30	3	1	1,337	2,109	3,586
	Total ^(g)	138	77	0	10	44	4	4	2,273	2,809	5,359
Other non-acute ^(h) care	Public patients ^(f)	19	337	0	5	17	1	0	44	73	496
	Private patients	376	491	1	9	104	7	1	94	13,119	14,202
	Total ^(g)	395	828	1	14	121	8	1	138	13,192	14,698
Total		2,040	1,654	4	88	1,213	57	8	2,536	68,447	76,047

(a) Includes separations for which the care type was reported as *Rehabilitation*, *Palliative*, *Psychogeriatric*, *Geriatric evaluation and management* or *Maintenance*.

(b) Unless this is the usual place of residence (see text in Chapter for exceptions).

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(e) Includes separations for which the mode of separation was not reported.

(f) Includes separations for which the patient election status was *Public* and funding source was as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(g) The total includes separations for which the patient election status was not reported.

(h) Includes separations for which the care type was reported as *Psychogeriatric*, *Geriatric evaluation and management* or *Maintenance*.

Table 7.13: Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2003–04

Rehabilitation care	Discharge/transfer to acute hospital	Discharge/transfer to a residential aged care service ^(b)	Discharge/transfer to an(other) psychiatric hospital	Discharge/transfer to other health care ^(c) accommodation	Statistical discharge: type change	Left against medical advice/discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Male										
Under 14	10	0	0	3	3	0	0	0	164	180
15–24	87	3	0	5	36	21	16	1	1,354	1,523
25–34	121	16	4	12	58	52	26	2	2,012	2,303
35–44	191	23	5	14	98	55	24	1	3,422	3,833
45–54	249	48	5	17	247	32	25	5	5,017	5,645
55–64	380	74	3	22	334	37	33	11	7,838	8,732
65–74	659	204	7	46	728	37	62	49	9,954	11,746
75–84	1,115	532	10	78	1,308	45	91	119	12,880	16,178
85 and over	442	388	5	65	639	16	33	124	4,284	5,996
<i>Total</i>	<i>3,254</i>	<i>1,288</i>	<i>39</i>	<i>262</i>	<i>3,451</i>	<i>295</i>	<i>310</i>	<i>312</i>	<i>46,925</i>	<i>56,136</i>
Female										
Under 14	2	0	0	0	2	0	0	0	121	126
15–24	38	5	0	3	18	13	12	0	960	1,049
25–34	100	9	0	6	31	14	9	0	1,881	2,050
35–44	138	7	4	7	72	22	27	0	3,238	3,515
45–54	162	28	0	11	73	16	22	5	5,094	5,411
55–64	296	51	3	12	212	24	35	12	7,887	8,532
65–74	710	198	7	29	631	36	62	35	11,683	13,391
75–84	1,403	1,036	16	172	1,677	58	153	106	20,318	24,939
85 and over	918	1,285	23	211	1,461	17	125	131	9,268	13,439
<i>Total</i>	<i>3,767</i>	<i>2,619</i>	<i>53</i>	<i>451</i>	<i>4,177</i>	<i>200</i>	<i>445</i>	<i>289</i>	<i>60,450</i>	<i>72,452</i>
Persons^(f)										
Under 14	12	0	0	3	5	0	0	0	285	306
15–24	125	8	0	8	54	34	28	1	2,314	2,572
25–34	221	25	4	18	89	66	35	2	3,893	4,353
35–44	329	30	9	21	170	77	51	1	6,662	7,350
45–54	411	76	5	28	320	48	47	10	10,111	11,056
55–64	676	125	6	34	546	61	68	23	15,725	17,264
65–74	1,369	402	14	75	1,359	73	124	84	25,137	25,137
75–84	2,518	1,569	26	250	2,985	103	244	225	33,198	41,118
85 and over	1,360	1,673	28	276	2,100	33	158	255	13,552	19,435
Total	7,021	3,908	92	713	7,628	495	755	601	107,377	128,591

(continued)

Table 7.13 (continued): Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2003–04

	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care ^(c) accommodation	Statistical discharge: type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Palliative care										
Male										
Under 14	1	0	0	0	0	0	0	9	48	58
15–24	5	0	0	0	0	0	0	12	47	64
25–34	5	0	0	0	1	1	0	44	40	91
35–44	18	1	1	3	3	1	5	148	173	353
45–54	45	7	0	5	10	3	14	477	423	984
55–64	126	32	0	19	57	5	15	1,058	885	2,197
65–74	140	57	0	24	67	9	35	2,092	1,529	3,953
75–84	165	123	0	26	95	2	33	2,443	1,230	4,117
85 and over	59	67	0	8	33	2	7	866	308	1,350
<i>Total</i>	<i>564</i>	<i>287</i>	<i>1</i>	<i>85</i>	<i>266</i>	<i>23</i>	<i>109</i>	<i>7,149</i>	<i>4,683</i>	<i>13,167</i>
Female										
Under 14	0	0	0	0	0	0	0	1	28	29
15–24	0	0	0	0	0	0	1	10	39	50
25–34	5	1	0	0	3	1	2	41	78	131
35–44	19	4	0	7	9	1	10	165	279	494
45–54	58	6	0	7	8	3	21	485	650	1,238
55–64	92	13	0	10	22	2	17	895	872	1,923
65–74	122	47	0	13	64	0	38	1,335	1,224	2,843
75–84	123	143	0	21	89	2	26	1,924	1,128	3,456
85 and over	52	89	0	12	43	2	7	1,038	385	1,628
<i>Total</i>	<i>471</i>	<i>303</i>	<i>0</i>	<i>70</i>	<i>238</i>	<i>11</i>	<i>122</i>	<i>5,894</i>	<i>4,683</i>	<i>11,792</i>
Persons^(f)										
Under 14	1	0	0	0	0	0	0	10	76	87
15–24	5	0	0	0	0	0	1	22	86	114
25–34	10	1	0	0	4	2	2	85	118	222
35–44	37	5	1	10	12	2	15	313	452	847
45–54	103	13	0	12	18	6	35	962	1,073	2,222
55–64	218	45	0	29	79	7	32	1,953	1,757	4,120
65–74	262	104	0	37	131	9	73	3,427	2,753	6,796
75–84	288	266	0	47	184	4	59	4,367	2,358	7,573
85 and over	111	156	0	20	76	4	14	1,904	693	2,978
Total	1,035	590	1	155	504	34	231	13,043	9,366	24,959

(continued)

Table 7.13 (continued): Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2003–04

	Discharge/ transfer to an(other) acute hospital ^(g)	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care ^(c) accommodation	Statistical discharge: type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Male										
Under 14	3	0	0	0	3	0	1	2	436	445
15–24	32	0	8	6	19	4	7	1	385	462
25–34	32	3	7	7	54	10	21	2	497	633
35–44	38	21	3	11	64	20	4	9	738	908
45–54	61	59	3	21	51	7	7	14	1,025	1,248
55–64	118	206	17	30	167	10	13	41	1,342	1,944
65–74	407	782	46	44	389	23	46	172	2,787	4,701
75–84	796	1,878	61	95	1,019	33	46	449	3,385	7,763
85 and over	450	1,389	72	55	561	12	17	380	1,587	4,523
Total	1,937	4,338	217	269	2,327	119	162	1,070	12,182	22,627
Female										
Under 14	4	0	0	0	12	0	0	5	320	341
15–24	1	2	1	4	17	6	7	1	383	422
25–34	15	2	3	1	29	4	3	0	1,011	1,068
35–44	14	15	2	4	62	7	3	2	891	1,000
45–54	80	34	3	16	59	10	0	8	1,133	1,343
55–64	81	115	4	13	121	4	6	31	1,254	1,629
65–74	349	687	39	41	433	18	58	77	3,449	5,153
75–84	964	2,621	111	151	1,210	31	67	415	5,622	11,193
85 and over	793	3,098	134	153	1,154	16	25	591	3,476	9,440
Total	2,301	6,574	297	383	3,097	96	169	1,130	17,539	31,589
Persons^(f)										
Under 14	7	0	0	0	15	0	1	7	756	786
15–24	33	2	9	10	36	10	14	2	768	884
25–34	47	5	10	8	83	14	24	2	1,508	1,701
35–44	52	37	5	15	126	27	7	11	1,629	1,909
45–54	141	93	6	37	110	17	7	22	2,158	2,591
55–64	199	321	21	43	288	14	19	72	2,596	3,573
65–74	756	1,469	85	85	822	41	104	249	6,236	9,854
75–84	1,760	4,499	172	246	2,229	64	113	864	9,007	18,956
85 and over	1,243	4,487	206	208	1,715	28	42	971	5,063	13,963
Total	4,238	10,913	514	652	5,424	215	331	2,200	29,721	54,217

(a) Includes separations for which the care type was reported as *Rehabilitation*, *Palliative*, *Psychogeriatric*, *Geriatric evaluation and management* or *Maintenance*.

(b) Unless this is the usual place of residence (see text for exceptions to this general rule).

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(e) Includes separations for which the mode of separation was not reported.

(f) The total includes separations for which the sex/age of the person was not reported.

(g) Includes separations where the care type was reported as *Psychogeriatric*, *Geriatric evaluation and management* or *Maintenance*.

Table 7.14: Separations^(a), by mode of admission and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Admitted patient transferred from another hospital	76,656	47,888	24,251	24,246	16,212	3,016	1,854	357	194,480
Statistical admission: type change	24,135	13,740	12,050	4,052	6,938	1,196	1,180	540	63,831
Other ^(b)	1,220,565	1,125,488	684,712	338,948	355,959	67,135	65,995	69,219	3,928,021
Not reported	4,179	413	0	0	0	9,571	0	0	14,163
<i>Total</i>	<i>1,325,535</i>	<i>1,187,529</i>	<i>721,013</i>	<i>367,246</i>	<i>379,109</i>	<i>80,918</i>	<i>69,029</i>	<i>70,116</i>	<i>4,200,495</i>
Private hospitals									
Admitted patient transferred from another hospital	30,080	23,951	21,404	4,627	4,649	n.p.	n.p.	n.p.	86,873
Statistical admission: type change	1,319	1,561	2,575	1,165	42	n.p.	n.p.	n.p.	7,085
Other ^(b)	680,502	655,294	616,068	284,401	201,520	n.p.	n.p.	n.p.	2,526,554
Not reported	244	0	0	0	0	n.p.	n.p.	n.p.	20,185
<i>Total</i>	<i>712,145</i>	<i>680,806</i>	<i>640,047</i>	<i>290,193</i>	<i>206,211</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,640,697</i>
All hospitals									
Admitted patient transferred from another hospital	106,736	71,839	45,655	28,873	20,861	n.p.	n.p.	n.p.	281,353
Statistical admission: type change	25,454	15,301	14,625	5,217	6,980	n.p.	n.p.	n.p.	70,916
Other ^(b)	1,901,067	1,780,782	1,300,780	623,349	557,479	n.p.	n.p.	n.p.	6,454,575
Not reported	4,423	413	0	0	0	n.p.	n.p.	n.p.	34,348
Total	2,037,680	1,868,335	1,361,060	657,439	585,320	n.p.	n.p.	n.p.	6,841,192

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) *Other* refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

n.p. Not published.

Table 7.15: Separations^(a), by mode of separation and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an (other) acute hospital	89,243	69,283	34,853	16,450	19,268	3,366	2,478	2,429	237,370
Discharge/transfer to residential aged care service ^(b)	14,644	13,465	3,650	4,862	7,524	974	1,120	232	46,471
Discharge/transfer to an (other) psychiatric hospital	3,035	1,291	182	659	1,295	0	13	6	6,481
Discharge/transfer to other health care accommodation ^(c)	3,352	0	2,672	572	595	1,156	254	1,566	10,167
Statistical discharge: type change	18,222	13,868	12,014	4,204	6,664	1,195	1,233	480	57,880
Left against medical advice/discharge at own risk	12,931	4,091	5,333	3,465	2,141	412	114	1,933	30,420
Statistical discharge from leave	3,917	3	576	1,653	261	0	0	0	6,410
Died	23,427	15,022	8,690	3,595	4,685	1,343	817	325	57,904
Other ^(d)	1,156,698	1,070,506	653,043	331,786	336,676	72,472	63,000	63,145	3,747,326
Not reported	66	0	0	0	0	0	0	0	66
Total	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495
Private hospitals									
Discharge/transfer to an (other) acute hospital	15,137	14,164	9,758	2,990	4,131	n.p.	n.p.	n.p.	46,588
Discharge/transfer to residential aged care service ^(b)	1,231	2,170	1,433	1,192	1,507	n.p.	n.p.	n.p.	7,641
Discharge/transfer to an (other) psychiatric hospital	85	8	0	89	47	n.p.	n.p.	n.p.	231
Discharge/transfer to other health care accommodation ^(c)	495	0	561	16	79	n.p.	n.p.	n.p.	6,725
Statistical discharge: type change	1,461	1,750	2,586	1,251	52	n.p.	n.p.	n.p.	7,424
Left against medical advice/discharge at own risk	600	464	199	197	61	n.p.	n.p.	n.p.	1,680
Statistical discharge from leave	25	0	23	17	18	n.p.	n.p.	n.p.	83
Died	2,268	3,407	4,597	2,157	1,353	n.p.	n.p.	n.p.	14,028
Other ^(d)	690,843	658,843	620,890	282,284	198,963	n.p.	n.p.	n.p.	2,556,297
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	0
Total	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Unless this is the usual place of residence (see text in Chapter for exceptions).

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

n.p. Not published.

Table 7.16: Separations^(a), by inter-hospital contracted patient status and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Inter-hospital contracted patient from public sector	875	1,636	0	300	639	0	0	11	3,461
Inter-hospital contracted patient from private sector	2,357	17	0	0	0	0	0	694	3,068
Not inter-hospital contracted patient	956,325	1,185,463	721,013	366,946	375,346	80,918	69,029	69,410	3,824,450
Not reported	365,978	413	0	0	3,124	0	0	1	369,516
<i>Total</i>	<i>1,325,535</i>	<i>1,187,529</i>	<i>721,013</i>	<i>367,246</i>	<i>379,109</i>	<i>80,918</i>	<i>69,029</i>	<i>70,116</i>	<i>4,200,495</i>
Private hospitals									
Inter-hospital contracted patient from public sector	1,146	2,533	1,117	6,353	610	n.p.	n.p.	n.p.	19,934
Inter-hospital contracted patient from private sector	0	0	3,852	1	0	n.p.	n.p.	n.p.	3,853
Not inter-hospital contracted patient	710,999	678,273	635,035	283,839	205,518	n.p.	n.p.	n.p.	2,606,115
Not reported	0	0	43	0	83	n.p.	n.p.	n.p.	10,795
<i>Total</i>	<i>712,145</i>	<i>680,806</i>	<i>640,047</i>	<i>290,193</i>	<i>206,211</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,640,697</i>
All hospitals									
	0	0	0	0	0				0
Inter-hospital contracted patient from public sector	2,021	4,169	1,117	6,653	1,249	n.p.	n.p.	n.p.	23,395
Inter-hospital contracted patient from private sector	2,357	17	3,852	1	0	n.p.	n.p.	n.p.	6,921
Not inter-hospital contracted patient	1,667,324	1,863,736	1,356,048	650,785	580,864	n.p.	n.p.	n.p.	6,430,565
Not reported	365,978	413	43	0	3,207	n.p.	n.p.	n.p.	380,311
Total separations	2,037,680	1,868,335	1,361,060	657,439	585,320	n.p.	n.p.	n.p.	6,841,192

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

Table 7.17: Separations^(a), by urgency of admission and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Emergency	632,824	403,528	310,573	147,122	154,056	34,694	21,641	23,930	1,728,368
Surgical ^(b)	323,458	209,002	162,492	76,992	81,991	18,692	11,454	11,957	896,038
Other ^(b)	309,366	194,589	148,081	70,130	72,065	16,002	10,187	11,973	832,393
Elective	545,690	697,852	208,069	126,274	137,162	25,289	21,098	21,315	1,782,749
Surgical ^(b)	356,103	479,140	103,443	60,736	73,566	13,756	9,728	16,986	1,113,458
Other ^(b)	189,587	218,823	104,626	65,538	63,596	11,533	11,370	4,329	669,402
Not assigned	146,988	85,736	202,371	93,850	87,891	20,702	26,290	24,868	688,696
Not reported	33	413	0	0	0	233	0	3	682
<i>Total</i>	<i>1,325,535</i>	<i>1,187,529</i>	<i>721,013</i>	<i>367,246</i>	<i>379,109</i>	<i>80,918</i>	<i>69,029</i>	<i>70,116</i>	<i>4,200,495</i>
Private hospitals									
Emergency	27,584	33,304	78,217	25,626	27,541	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	203,951
Surgical ^(b)	14,235	17,547	38,495	12,515	14,548	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	104,286
Other ^(b)	13,349	15,760	39,722	13,111	12,993	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	99,668
Elective	641,703	627,954	437,768	211,113	158,870	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2,139,511
Surgical ^(b)	336,833	339,468	212,607	97,075	75,545	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,093,781
Other ^(b)	304,870	289,226	225,161	114,038	83,325	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,046,470
Not assigned	42,858	19,548	124,062	53,454	19,800	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	285,854
Not reported	0	0	0	0	0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	11,381
<i>Total</i>	<i>712,145</i>	<i>680,806</i>	<i>640,047</i>	<i>290,193</i>	<i>206,211</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,640,697</i>
All hospitals									
Emergency	660,408	436,832	388,790	172,748	181,597	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,932,319
Surgical ^(b)	337,693	226,549	200,987	89,507	96,539	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,000,324
Other ^(b)	322,715	210,349	187,803	83,241	85,058	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	932,061
Elective	1,187,393	1,325,806	645,837	337,387	296,032	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3,922,260
Surgical ^(b)	692,936	818,608	316,050	157,811	149,111	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2,207,239
Other ^(b)	494,457	508,049	329,787	179,576	146,921	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,715,872
Not assigned	189,846	105,284	326,433	147,304	107,691	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	974,550
Not reported	33	413	0	0	0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	12,063
Total separations	2,037,680	1,868,335	1,361,060	657,439	585,320	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	6,841,192

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Separations have been categorised as *Surgical* or *Other* based on the AR-DRG classification recorded for the separation. *Other* includes AR-DRGs in the Medical and Other partitions.

n.p. Not published.

Table 7.18: Separations^(a) with hospital in the home care, by hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Public hospitals									
Separations									
Same day	n.a.	4,590	336	1	910	n.a.	0	0	5,837
Overnight	n.a.	31,081	809	383	4,999	n.a.	1,033	292	38,597
Hospital in the home days	n.a.	226,343	6,268	6,178	39,758	n.a.	8,959	2,839	290,345
<i>Total patient days</i>	<i>n.a.</i>	<i>317,534</i>	<i>8,137</i>	<i>9,383</i>	<i>39,758</i>	<i>n.a.</i>	<i>14,148</i>	<i>4,655</i>	<i>393,615</i>
Private hospitals									
Separations									
Same day	n.a.	1	79	0	8	n.a.	n.p.	n.p.	88
Overnight	n.a.	422	20	241	18	n.a.	n.p.	n.p.	723
Hospital in the home days	n.a.	3,208	761	2,265	114	n.a.	n.p.	n.p.	6,373
<i>Total patient days</i>	<i>n.a.</i>	<i>4,299</i>	<i>761</i>	<i>4,103</i>	<i>114</i>	<i>n.a.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>9,518</i>
All hospitals									
Separations									
Same day	n.a.	4,591	415	1	918	n.a.	n.p.	n.p.	5,925
Overnight	n.a.	31,503	829	624	5,017	n.a.	n.p.	n.p.	39,320
Hospital in the home days	n.a.	229,551	7,029	8,443	39,872	n.a.	n.p.	n.p.	296,718
Total patient days	n.a.	321,833	8,898	13,486	39,872	n.a.	n.p.	n.p.	403,133

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) In South Australia, hospital in the home care was defined as separate episodes of care and therefore the total number of patient days is equal to the number of hospital in the home care days.

n.p. Not published.

n.a. Not available.

8 Demographic profile for admitted patients

Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 2003–04. Included is information on patients' sex, age, Indigenous status, and country of birth, together with information on the state, remoteness and socioeconomic advantage/disadvantage of their place of usual residence.

The age-standardised rates in this chapter were derived using 30 June 2003 population estimates for Indigenous peoples and other Australians (Table 8.7 and 8.8), country of birth groups (Table 8.10), Remoteness Areas (Table 8.12) and quintiles of socioeconomic advantage/disadvantage (Table 8.13) because 31 December (mid-year) population estimates were not available for these population groups. There will thus be small discrepancies between the age-standardised rates reported in these tables and the rates reported for state or territory of usual residence (Table 8.11) and those reported in Chapters 2, 4 and 7 which were based on 31 December 2003 estimates (see Appendix 3).

Age group and sex

Data on the sex of each patient were reported to the National Hospital Morbidity Database as male, female, indeterminate or not stated/inadequately described. The AIHW calculated the age of the patient by subtracting the date of birth from the date of admission. The 77 separations for patients who were not reported as male or female and the two separations for which age was not reported are included in the totals of tables in this chapter.

Changes between 1999–00 and 2003–04

The nationwide increases in separations (30.3%) and patient days (12.6%) in private hospitals between 1999–00 and 2003–04 were spread fairly evenly between females and males but were spread unevenly among age groups (Tables 8.1 and 8.4).

Private hospital separations increased by 30.5% for females and by 30.1% for males. Private hospital patient days increased by 11.9% for females and by 13.6% for males. Private hospital separations increased for all age groups, although the increases were relatively small for patients aged less than 1 year (2.4%) and for those aged 1–4 years (5.9%). The increases were most pronounced for patients aged 55 years and over, particularly for those aged 55–64 years (an increase of 54.3%). Private hospital patient days also increased for all age groups and were also most pronounced for patients aged 55–64 years (34.9%).

The markedly smaller increase in public hospital separations and patient days over this period was more attributable to males than to females and was almost entirely attributable to older patients, particularly those aged 75 years and over. Separations increased by 6.7% for

females and by 10.5% for males, and patient days increased by 0.6% for females and by 1.6% for males. Separations increased by 31.6% for patients aged 75–84 years and by 29.6% for those aged 85 years and over, but decreased for those aged between 1 and 34 years. Patient days decreased for patients aged between 1 and 54 years and for those aged 65–74 years.

Sex and age profiles in 2003–04

Nationally, separations per 1,000 population were higher for females than for males in all age groups from 15–54 years in 2003–04 (Figure 6 in 'Hospitals at a glance').

Females outnumbered males in separations from public hospitals (2,187,992 separations, 52.1% of total) and from private hospitals (1,458,442 separations, 55.2% of total) in 2003–04 (Tables 8.2 and 8.3). There were more females than males in all age groups from 15–44 years in separations from public hospitals and in all age groups from 15–54 years in separations from private hospitals. These age groups include the child-bearing ages for women. Females aged 85 years and over also outnumbered males of that age group in separations from both public and private hospitals.

Females also accounted for more patient days than did males (Tables 8.5 and 8.6). In public hospitals, they accounted for 52.4% (8,605,247) of patient days, and for more patient days than males in the age groups 15–44 years and 75 years and over. In private hospitals, females accounted for 58.0% (4,154,735) of patient days, and for more patient days than males in all age groups from 15 years.

Persons aged 55 years and over accounted for a large proportion of admitted patient activity across the combined sectors in 2003–04. They accounted for 23.2% of the estimated resident population at 31 December 2003 and contributed 49.6% of separations (3.4 million) and 60.7% of patient days (14.3 million) (Tables 8.2, 8.3, 8.5 and 8.6). Persons of this age also had more separations per 1,000 population than any age group other than children less than one year old. Persons aged 70 years and over had higher average lengths of stay than any age group other than children less than one year old (Figures 6 and 8 in 'Hospitals at a glance').

Indigenous status

Tables 8.7, 8.8 and 8.9 present summary statistics on hospital separations broken down by the 'Indigenous status' data element supplied by states and territories according to the *National Health Data Dictionary* definition (NHDC 2003). Information broken down by Indigenous status is also provided in Chapters 9 (*Principal diagnoses for admitted patients*) and 10 (*Procedures for admitted patients*).

In this publication, Indigenous status categories included as Indigenous were *Aboriginal but not Torres Strait Islander origin*, *Torres Strait Islander but not Aboriginal origin* and *Aboriginal and Torres Strait Islander origin*. The category reported as non-Indigenous was *Neither Aboriginal nor Torres Strait Islander origin*.

Age-standardised separation rates per 1,000 population are presented for the three Indigenous categories in aggregate and for persons not identified as Indigenous (i.e. persons reported as *Neither Aboriginal nor Torres Strait Islander origin* and persons for whom an Indigenous status was not reported), termed *Other persons*. Also presented are differentials in the separation rates between persons identified as Indigenous and those not identified as Indigenous. The differentials are expressed in terms of rate ratios—i.e. ratios of the

age-standardised rate for persons identified as Indigenous and the age-standardised rate for persons not identified as Indigenous. (A rate ratio greater than 1.0 indicates a higher separation rate for Indigenous persons than for persons not identified as Indigenous.)

These rates are influenced by the quality of the data on Indigenous status, which varied among the states and territories, as described below. A degree of caution is also recommended when making inter-jurisdictional comparisons of separation rates involving Tasmania, the Australian Capital Territory or the Northern Territory as all rates shown for these jurisdictions are based solely on public hospital data.

Tables 8.7 and 8.8 present counts of separations, overnight separations, separation rates per 1,000 population and rate ratios by Indigenous status, hospital sector and state and territory in 2003–04. There were 216,142 separations in 2003–04 for patients reported as Indigenous, with the largest numbers of separations being reported in Queensland, the Northern Territory, Western Australia and New South Wales. Nationally, 92.9% of separations of Indigenous persons were reported as *Aboriginal but not Torres Strait Islander origin*, 4.5% were reported as *Torres Strait Islander but not Aboriginal origin* and 2.6% were reported as *Aboriginal and Torres Strait Islander origin*. Queensland accounted for most separations of Indigenous persons reported as *Torres Strait Islander but not Aboriginal origin* and about half of separations reported as *Aboriginal and Torres Strait Islander origin*.

Nationally, 6.1% of separations of Indigenous persons in 2003–04 were from the private sector (13,121). In contrast, 37.9% of separations of persons reported as *Neither Aboriginal nor Torres Strait Islander origin* were from the private sector (2,420,159). Most separations of Indigenous persons from the private sector occurred in Western Australia and Queensland.

There were 665.3 separations per 1,000 population of Indigenous persons reported nationally in 2003–04. This was about twice the separation rate for other persons (331.9). About two-thirds of the difference between these rates was attributable to higher separation rates for Indigenous persons with a principal diagnosis of *Care involving dialysis (Z49)*, as reported in Table 9.23, and with a procedure of *Haemodialysis (Block 1060)*, as reported in Table 10.21. The Northern Territory reported the largest number of separations of Indigenous persons per 1,000 Indigenous population (1,141.7, public hospitals only), followed by Western Australia (928.1). The Northern Territory also reported the largest rate ratio for separations (4.8), indicating that the separation rate for Indigenous persons was 4.8 times the rate for persons not identified as Indigenous.

Nationally, about 45% of separations for patients reported as Indigenous in 2003–04 were for overnight stays (98,282) (Table 8.8). Some 1.4% of overnight separations of Indigenous persons in 2003–04 were from the private sector (1,354). In contrast, 30.8% of overnight separations of persons reported as *Neither Aboriginal nor Torres Strait Islander origin* were from the private sector (903,423).

There were 297.1 overnight separations of Indigenous persons reported nationally in 2003–04 per 1,000 Indigenous population. This was about twice the rate for other persons (152.0). Western Australia reported the largest number of overnight separations for Indigenous persons per 1,000 Indigenous population (442.0) and the largest rate ratio for overnight separations (2.9).

Table 8.9 presents data for separations by Indigenous status, age group and sex in 2003–04. Nationally, females accounted for a greater proportion of separations of persons reported as *Indigenous* (56.9%) than of persons reported as *Non-Indigenous* (53.1%). The age distribution of separations reported as *Indigenous* in 2003–04 peaked at lower age groups than the age

distribution for separations reported as *Non-Indigenous*. Whereas the age groups over 64 years featured prominently among separations of persons reported as *Non-Indigenous* (35.7% of total separations), they had relatively little representation among separations of those reported as *Indigenous* (9.6%). Separations of persons reported as *Indigenous* instead featured substantially higher representation of all age groups below 55 years of age than was the case for persons reported as *Non-Indigenous*.

Age-specific separation rates per 1,000 population for Indigenous males and females are compared in Figure 8.1 with those for other males and females. The rates for Indigenous males and females were higher than those for other males and females across all age groups. Separation rates for Indigenous persons for older age groups are subject to variability due to the relatively small populations in these age groups.

Quality of Indigenous status data

Variation in the number of Indigenous separations per 1,000 Indigenous population among the states and territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

Overall, the quality of the data provided for Indigenous status in 2003–04 is considered to be in need of improvement, being considered acceptable by only South Australia, Western Australia and the Northern Territory. Data on Indigenous status in this chapter should therefore be interpreted cautiously. The report *Expenditures on health services for Aboriginal and Torres Strait Islander people 1998–99* (AIHW 2001b) employed under-enumeration factors for Indigenous identification in each state and territory except the Northern Territory. These factors are to be re-examined in a similar report for 2001–02 to be published by the AIHW later this year.

For 2003–04, the New South Wales Health Department reports that its data were in need of improvement. To address this issue, the department continues to be active in the implementation of initiatives aimed at improving the quality of Indigenous status information in hospital separations data. Departmental publications and circulars continue to be used to encourage a uniform approach to the identification of Indigenous patients in addition to providing a framework for continuous improvement in this data collection. To complement these strategies the New South Wales Health Department has developed and implemented its Collecting Patient Registration Information Training Program. This training program raises awareness of data items, including Indigenous status, that may relate to sensitive issues and reviews strategies that may assist in the collection of complete and accurate patient registration information. This training program is now implemented for public hospitals in all New South Wales Area Health Services.

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Indigenous status data for 2003–04 should be treated with some caution. Studies in Victoria have shown that data are more accurate if the hospital employs a Koori Hospital Liaison Officer (KHLO), particularly in regional hospitals, where the KHLOs are located in the main Koori communities. Indigenous status data are considered less reliable in tertiary hospitals drawing Indigenous patients from outside their local communities, and in private hospitals. From July 2004, the admitted patient funding supplement for Aboriginal and Torres Strait Islander admitted patients in public hospitals was increased from 10% to 30%. Hospitals in receipt of the supplement are obligated to

provide appropriate services to Aboriginal and Torres Strait Islander patients and to improve the quality of data.

Queensland Health notes that for the 2003–04 financial year Indigenous status was not reported for 12% of hospital separations (1.7% for public hospital separations and 24% for private hospital separations). Overall, the available evidence suggests that the number of Indigenous separations is significantly understated in the Queensland hospital morbidity data because of non-reporting as well as misreporting of Indigenous status. Queensland Health continues to work on improving overall Aboriginal and Torres Strait Islander identification in all mainstream administrative data collections.

The Western Australian Department of Health regards its Indigenous status data as being of an acceptable quality, although data from metropolitan hospitals are considered to be less accurate than data from remote areas. The department is planning on implementing a quality control check on this data element on an annual basis.

The South Australian Department of Health regards its 2003–04 Indigenous status data as suitable for inclusion in national statistical reports. The department conducted training in 2002–03 on how to ask and record the Indigenous status question. This training was based on a training package produced by the Australian Bureau of Statistics. A 30% loading for casemix payments is applied to separations for Indigenous patients in public hospitals in South Australia, and this acts as an incentive for improved identification.

The Tasmanian Department of Health and Human Services reports that the quality of Indigenous status data has continued to improve in 2003–04 in that it is now reported for most patients. However, some private hospitals do not collect Indigenous status data at all. The department is hoping to improve the reporting methods for private hospitals in future years.

ACT Health has been closely monitoring Indigenous status data in its public hospitals, and has noted a significant reduction in the number of records where Indigenous status was not reported. ACT Health is also preparing to conduct an investigation into why some Indigenous patients are not identified in both the admitted and non-admitted data collections, in order to introduce processes to improve the rate of Indigenous identification.

The Northern Territory Department of Health and Community Services reports that the quality of its 2003–04 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners follow up on these clients. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Country of birth

In 2003–04, all states and territories supplied country of birth details coded to the Australian Bureau of Statistics' Standard Australian Classification of Countries (SACC) as specified in the *National Health Data Dictionary* version 12 (NHDC 2003).

Australian-born patients accounted for 74.3% (5,080,062) of total separations, 73.1% in the public sector and 76.1% in the private sector (Table 8.10). The age-standardised separation rate for Australian-born patients was higher (353.0 per 1,000 population) than that for the overseas-born population (278.4 per 1,000).

Country of birth groups differed markedly in the proportion of their total separations within the public sector. Some 60.5% of separations of Australian-born patients were in the public sector, as were over 75% of separations for patients born in Fiji, Other Oceania, Greece, the countries that comprised the former Yugoslavia, Cyprus, Lebanon, Turkey, Iraq, Cambodia, Philippines and Vietnam. Fewer than 50% of separations for patients born in Hong Kong and Macau, Japan, Canada, United States and South Africa were in the public sector.

Area of usual residence

The *National Health Data Dictionary* specifies that data on the usual residence of patients should be provided as the state or territory and the Statistical Local Area (SLA) of usual residence. Patients' SLAs have been assigned to Remoteness Areas to enable reporting of hospital separations by Remoteness Area of usual residence. Details of the data provided by states and territories and the mapping process conducted by the AIHW to assign 2003 SLA codes and Remoteness Area categories to separation records can be found in Appendix 3.

Patients' SLAs have also been assigned to categories of the Index of Advantage/Disadvantage, one of a set of Socio-Economic Indexes for Areas 2001 (termed 'SEIFA 2001') constructed by the Australian Bureau of Statistics based on data from the 2001 population census (ABS 2004b). SEIFA 2001 is discussed in more detail in Appendix 3.

Tables 8.11, 8.12 and 8.13 present selected separation statistics by hospital sector and same day status for each of state or territory of usual residence, Remoteness Area of usual residence and quintile of socioeconomic advantage/disadvantage. The age-standardised separation rates that are presented in these tables take account of the different age structures of the populations of the states and territories, Remoteness Areas and quintiles of socioeconomic advantage/disadvantage.

State or territory of usual residence

Table 8.11 presents the number of separations, the separation rate per 1,000 population, the standardised separation rate ratio (SRR) and the 95% confidence interval of the SRR for each state and territory of usual residence. The SRR is the separation rate for the population of interest divided by the separation rate for Australia as a whole. A standardised separation rate ratio of 1.00 indicates that the population of interest (for example, a specific state or territory) had a separation rate similar to the national separation rate, while a standardised separation rate ratio greater than 1.00 indicates that it had a rate larger than the national rate. The statistical significance of a given SRR is described by its corresponding 95% confidence interval. Appendix 3 provides more information on the standardised separation rate ratio.

Usual residents of the Northern Territory had the largest separation rate for public hospitals, 421.0 per 1,000 population. The SRR for usual residents of the Northern Territory in public hospitals was 2.03 – i.e. persons usually resident in the Northern Territory had a total separation rate in public hospitals that was 103% higher than the national rate. Among those jurisdictions for which information was published, usual residents of Queensland had the largest separation rate for private hospitals, 161.5 per 1,000 population. Usual residents of the Northern Territory had the largest overnight separation rate, 204.0 per 1,000 population.

Remoteness Areas

Table 8.12 presents the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR for each Remoteness Area. Persons usually resident in very remote areas had 436.0 separations per 1,000 population, compared with 339.0 separations per 1,000 population nationwide. The SRR of 1.29 for persons usually resident in very remote areas indicates that their separation rate was 29% higher than the national separation rate. The 95% confidence interval applying to this SRR indicates that the difference in the separation rates was statistically significant.

The separation rate for public hospitals was also highest for usual residents of very remote areas (398.4 separations per 1,000 population), while the separation rate for private hospitals was highest for usual residents of major cities (142.4 separations per 1,000 population) and lowest for very remote areas (37.6 separations per 1,000 population).

Socioeconomic advantage/disadvantage

The Index of Advantage/Disadvantage (from SEIFA 2001) used in *Australian Hospital Statistics 2003–04* is categorised into quintiles containing approximately 20% of the total Australian population. Table 8.13 presents for each quintile the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR.

Each quintile accounted for between 19% and 21% of total hospital separations. However, SRRs were statistically different among the quintiles, ranging from 1.04 for the most disadvantaged to 0.94 for the most advantaged.

Utilisation of the public and private hospital sectors was also not evenly spread across the quintiles. The most disadvantaged quintile accounted for 25.0% of separations from public hospitals and 14.8% of separations from private hospitals. In contrast, the most advantaged quintile accounted for 14.3% of separations from public hospitals and 27.0% of separations from private hospitals. Reflecting this, the SRRs for separations from public hospitals decreased progressively from 1.24 for the most disadvantaged quintile to 0.70 for the most advantaged quintile and the SRRs for separations from private hospitals increased progressively from 0.72 for the most disadvantaged quintile to 1.32 for the most advantaged quintile. The 95% confidence intervals applying to these SRRs indicate that the differences in separation rates were statistically significant in all cases.

These relationships are evident in the proportion of public hospital patients within the separations of each quintile. Public hospital patients accounted for 72.8% of separations of the most disadvantaged quintile and 45.8% of separations of the most advantaged quintile.

The SRRs for same day separations and overnight separations were also unevenly spread across the quintiles. In particular, the SRRs for overnight separations ranged between 1.14 for the most disadvantaged quintile and 0.85 for the most advantaged quintile.

Additional data

Accompanying tables on the Internet at <http://www.aihw.gov.au/> provide information on separations and patient days by 5-year age group, sex, hospital sector and state/territory.

Table 8.1: Separations^(a), by age group, sex and hospital sector, Australia, 1999–00 to 2003–04

Sex	Age group	Private hospitals						Change 1999–00 to 2003–04 (per cent)	Public hospitals					Change 1999–00 to 2003–04 (per cent)
		1999–00	2000–01	2001–02	2002–03	2003–04	1999–00		2000–01	2001–02	2002–03	2003–04		
Females	Under 1	9,318	8,850	9,214	9,595	9,258	-0.6	48,864	49,877	49,476	50,390	50,915	4.2	
	1–4	11,540	12,244	12,943	13,056	12,058	4.5	61,017	59,676	60,539	59,432	59,733	-2.1	
	5–14	21,014	22,701	24,801	24,472	23,379	11.3	74,338	72,478	72,857	72,802	73,407	-1.3	
	15–24	73,459	80,712	90,632	97,741	97,019	32.1	214,697	208,925	207,080	205,778	208,854	-2.7	
	25–34	161,049	177,454	191,321	198,337	194,975	21.1	366,098	352,414	338,004	341,100	342,990	-6.3	
	35–44	158,248	179,190	198,574	206,013	207,169	30.9	253,058	250,489	243,342	245,907	248,931	-1.6	
	45–54	170,835	197,849	216,548	219,932	225,614	32.1	219,263	217,185	219,604	229,328	235,137	7.2	
	55–64	149,821	171,850	192,525	210,092	228,224	52.3	218,235	219,128	227,056	242,066	252,549	15.7	
	65–74	163,893	177,853	181,831	188,940	197,423	20.5	264,072	266,140	276,731	285,700	294,868	11.7	
	75–84	148,648	166,769	174,991	188,626	201,097	35.3	231,163	246,153	261,707	276,623	291,386	26.1	
85 and over	49,544	54,995	55,930	59,301	62,225	25.6	100,288	108,564	117,646	125,113	129,222	28.9		
Total ^(b)	1,117,373	1,250,468	1,349,310	1,416,105	1,458,442	30.5	2,051,096	2,051,066	2,074,080	2,134,266	2,187,992	6.7		
Males	Under 1	13,954	13,463	13,845	14,559	14,546	4.2	67,341	67,474	66,718	66,301	68,181	1.2	
	1–4	17,294	19,099	19,346	19,052	18,469	6.8	88,886	85,607	85,831	83,661	83,513	-6.0	
	5–14	24,850	27,434	29,914	28,681	27,490	10.6	103,762	101,998	104,545	102,322	103,364	-0.4	
	15–24	53,122	57,339	60,025	61,957	61,252	15.3	124,427	121,951	122,260	121,617	123,882	-0.4	
	25–34	62,831	69,298	71,797	73,155	70,142	11.6	164,143	162,844	164,709	160,930	160,570	-2.2	
	35–44	92,113	105,524	113,515	115,043	114,299	24.1	193,764	191,786	192,823	195,062	197,796	2.1	
	45–54	137,641	159,568	169,145	170,766	172,515	25.3	222,642	222,027	228,439	235,614	243,516	9.4	
	55–64	148,219	173,228	196,748	214,421	231,790	56.4	254,180	256,603	268,294	288,892	300,080	18.1	
	65–74	170,823	182,317	187,264	199,316	212,264	24.3	328,091	326,927	339,739	355,597	358,240	9.2	
	75–84	157,684	179,505	184,988	198,897	212,448	34.7	217,255	232,514	251,427	274,884	298,531	37.4	
85 and over	30,068	34,624	36,720	42,356	47,000	56.3	57,179	60,977	66,469	71,580	74,792	30.8		
Total ^(b)	908,599	1,021,400	1,083,307	1,138,204	1,182,215	30.1	1,821,673	1,830,763	1,891,294	1,956,492	2,012,466	10.5		
Persons ^(b)	Under 1	23,281	22,322	23,078	24,170	23,831	2.4	116,222	117,363	116,211	116,699	119,100	2.5	
	1–4	28,834	31,343	32,289	32,109	30,530	5.9	149,903	145,286	146,376	143,095	143,246	-4.4	
	5–14	45,864	50,136	54,716	53,153	50,873	10.9	178,101	174,476	177,406	175,125	176,773	-0.7	
	15–24	126,581	138,054	150,660	159,699	158,272	25.0	339,131	330,880	329,353	327,402	332,737	-1.9	
	25–34	223,883	246,754	263,120	271,494	265,118	18.4	530,244	515,262	502,717	502,033	503,562	-5.0	
	35–44	250,362	284,714	312,090	321,059	321,468	28.4	446,828	442,283	436,221	441,067	446,739	0.0	
	45–54	308,478	357,420	385,699	390,701	398,130	29.1	441,907	439,214	448,046	464,945	478,654	8.3	
	55–64	298,041	345,080	389,273	424,516	460,014	54.3	472,415	475,737	495,363	530,960	552,633	17.0	
	65–74	334,716	360,170	369,096	388,258	409,689	22.4	592,173	593,067	616,473	641,307	653,111	10.3	
	75–84	306,333	346,277	359,987	387,524	413,546	35.0	448,418	478,670	513,134	551,507	589,925	31.6	
85 and over	79,612	89,619	92,651	101,658	109,225	37.2	157,467	169,542	184,116	196,694	204,014	29.6		
Total ^(b)	2,025,989	2,271,891	2,432,659	2,554,342	2,640,697	30.3	3,872,815	3,881,875	3,965,512	4,090,969	4,200,495	8.5		

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported.

Table 8.2: Separations^(a), by age group and sex, public hospitals, states and territories, 2003-04

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	17,950	14,462	8,572	3,343	4,056	645	735	1,152	50,915
	1-4	21,050	13,525	11,688	5,365	5,351	815	749	1,190	59,733
	5-14	24,789	17,472	14,436	6,990	6,569	1,192	919	1,040	73,407
	15-24	63,542	51,559	43,957	18,182	20,111	3,976	3,023	4,504	208,854
	25-34	109,485	97,419	60,874	28,298	30,372	5,979	4,833	5,730	342,990
	35-44	74,385	71,808	42,454	22,597	23,354	4,733	3,594	6,006	248,931
	45-54	62,511	68,657	40,769	24,111	20,381	5,121	4,255	9,332	235,137
	55-64	74,098	74,117	45,637	21,534	21,047	6,120	4,640	5,356	252,549
	65-74	95,419	86,116	46,693	24,858	26,264	5,673	6,175	3,670	294,868
	75-84	103,351	84,671	41,433	24,138	27,687	5,188	3,703	1,215	291,386
	85 and over	49,614	35,917	17,155	11,013	11,583	2,412	1,345	183	129,222
<i>Total^(b)</i>		<i>696,194</i>	<i>615,723</i>	<i>373,668</i>	<i>190,429</i>	<i>196,775</i>	<i>41,854</i>	<i>33,971</i>	<i>39,378</i>	<i>2,187,992</i>
Males	Under 1	24,218	18,891	11,227	4,800	5,683	877	1,012	1,473	68,181
	1-4	29,139	18,909	16,502	7,526	7,529	1,126	1,171	1,611	83,513
	5-14	36,685	23,360	20,921	9,934	8,154	1,554	1,309	1,447	103,364
	15-24	39,328	30,822	24,960	11,390	10,969	2,400	2,081	1,932	123,882
	25-34	48,743	43,021	29,503	15,326	14,292	3,509	2,828	3,348	160,570
	35-44	58,321	53,879	36,215	19,215	18,236	3,271	3,958	4,701	197,796
	45-54	68,824	68,948	44,487	22,246	22,922	4,857	4,418	6,814	243,516
	55-64	86,171	88,429	54,012	26,002	26,779	6,318	6,804	5,565	300,080
	65-74	109,856	114,450	57,542	28,872	30,913	7,703	6,182	2,722	358,240
	75-84	101,015	89,927	41,402	25,265	29,207	6,146	4,584	985	298,531
	85 and over	27,007	21,167	10,574	6,241	7,649	1,303	711	140	74,792
<i>Total^(b)</i>		<i>629,307</i>	<i>571,803</i>	<i>347,345</i>	<i>176,817</i>	<i>182,334</i>	<i>39,064</i>	<i>35,058</i>	<i>30,738</i>	<i>2,012,466</i>
Persons^(b)	Under 1	42,169	33,356	19,799	8,143	9,739	1,522	1,747	2,625	119,100
	1-4	50,189	32,434	28,190	12,891	12,880	1,941	1,920	2,801	143,246
	5-14	61,476	40,832	35,357	16,924	14,723	2,746	2,228	2,487	176,773
	15-24	102,871	82,381	68,917	29,572	31,080	6,376	5,104	6,436	332,737
	25-34	158,230	140,440	90,377	43,624	44,664	9,488	7,661	9,078	503,562
	35-44	132,718	125,687	78,669	41,812	41,590	8,004	7,552	10,707	446,739
	45-54	131,336	137,605	85,256	46,357	43,303	9,978	8,673	16,146	478,654
	55-64	160,273	162,546	99,649	47,536	47,826	12,438	11,444	10,921	552,633
	65-74	205,278	200,566	104,235	53,730	57,177	13,376	12,357	6,392	653,111
	75-84	204,374	174,598	82,835	49,403	56,894	11,334	8,287	2,200	589,925
	85 and over	76,621	57,084	27,729	17,254	19,232	3,715	2,056	323	204,014
Total^(b)		1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported.

Table 8.3: Separations^(a), by age group and sex, private hospitals, states and territories, 2003–04

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	1,906	2,783	1,886	2,080	271	n.p.	n.p.	n.p.	9,258
	1–4	3,388	2,036	3,163	1,982	1,055	n.p.	n.p.	n.p.	12,058
	5–14	6,914	5,083	5,342	3,184	1,724	n.p.	n.p.	n.p.	23,379
	15–24	24,694	26,851	22,316	12,644	6,050	n.p.	n.p.	n.p.	97,019
	25–34	52,870	53,729	45,193	22,417	11,527	n.p.	n.p.	n.p.	194,975
	35–44	55,094	58,827	46,520	23,347	13,642	n.p.	n.p.	n.p.	207,169
	45–54	56,897	60,251	53,707	26,128	18,205	n.p.	n.p.	n.p.	225,614
	55–64	60,826	58,054	54,961	24,661	20,102	n.p.	n.p.	n.p.	228,224
	65–74	53,916	50,397	48,904	20,417	16,733	n.p.	n.p.	n.p.	197,423
	75–84	56,647	51,867	50,457	16,856	17,834	n.p.	n.p.	n.p.	201,097
85 and over	15,140	17,357	15,688	5,270	6,507	n.p.	n.p.	n.p.	62,225	
<i>Total^(b)</i>		388,293	387,235	348,137	158,986	113,650	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,458,442
Males	Under 1	3,326	4,027	2,769	3,053	842	n.p.	n.p.	n.p.	14,546
	1–4	5,371	3,186	4,582	3,007	1,539	n.p.	n.p.	n.p.	18,469
	5–14	8,263	5,625	6,349	3,912	1,957	n.p.	n.p.	n.p.	27,490
	15–24	16,828	15,435	12,574	8,192	5,426	n.p.	n.p.	n.p.	61,252
	25–34	19,809	18,733	13,993	8,933	5,311	n.p.	n.p.	n.p.	70,142
	35–44	31,600	30,067	24,846	13,793	8,730	n.p.	n.p.	n.p.	114,299
	45–54	47,310	42,952	40,585	19,213	15,071	n.p.	n.p.	n.p.	172,515
	55–64	64,618	53,620	61,317	24,893	17,383	n.p.	n.p.	n.p.	231,790
	65–74	58,782	52,336	53,600	22,345	16,895	n.p.	n.p.	n.p.	212,264
	75–84	56,378	55,299	57,679	19,406	15,932	n.p.	n.p.	n.p.	212,448
85 and over	11,567	12,265	13,616	4,460	3,474	n.p.	n.p.	n.p.	47,000	
<i>Total^(b)</i>		323,852	293,545	291,910	131,207	92,560	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,182,215
Persons^(b)	Under 1	5,232	6,836	4,655	5,133	1,114	n.p.	n.p.	n.p.	23,831
	1–4	8,759	5,222	7,745	4,989	2,594	n.p.	n.p.	n.p.	30,530
	5–14	15,177	10,708	11,691	7,096	3,681	n.p.	n.p.	n.p.	50,873
	15–24	41,522	42,286	34,890	20,836	11,476	n.p.	n.p.	n.p.	158,272
	25–34	72,679	72,462	59,186	31,350	16,838	n.p.	n.p.	n.p.	265,118
	35–44	86,694	88,894	71,366	37,140	22,372	n.p.	n.p.	n.p.	321,468
	45–54	104,207	103,203	94,292	45,341	33,276	n.p.	n.p.	n.p.	398,130
	55–64	125,444	111,674	116,278	49,554	37,485	n.p.	n.p.	n.p.	460,014
	65–74	112,698	102,733	102,504	42,762	33,628	n.p.	n.p.	n.p.	409,689
	75–84	113,025	107,166	108,136	36,262	33,766	n.p.	n.p.	n.p.	413,546
85 and over	26,707	29,622	29,304	9,730	9,981	n.p.	n.p.	n.p.	109,225	
Total^(b)		712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported.

n.p. Not published.

Table 8.4: Patient days^(a), by age group, sex and hospital sector, Australia, 1999–00 to 2003–04

Sex	Age group	Private hospitals						Change 1999–00 to 2003–04 (per cent)	Public hospitals					Change 1999–00 to 2003–04 (per cent)
		1999–00	2000–01	2001–02	2002–03	2003–04	1999–00		2000–01	2001–02	2002–03	2003–04		
Females	Under 1	48,921	46,202	47,551	49,147	49,177	0.5	272,131	278,373	274,566	271,864	280,198	3.0	
	1–4	15,083	15,945	17,827	16,970	16,040	6.3	122,359	120,203	117,847	116,731	114,982	-6.0	
	5–14	31,453	33,355	36,843	33,689	31,400	-0.2	167,839	162,023	161,989	160,672	162,719	-3.1	
	15–24	145,634	160,204	172,762	180,504	177,254	21.7	594,501	570,017	597,066	573,454	573,831	-3.5	
	25–34	461,594	492,060	523,066	527,129	510,115	10.5	1,070,067	1,007,001	1,040,244	1,008,202	967,866	-9.6	
	35–44	392,605	428,734	463,784	465,140	458,872	16.9	769,463	734,122	731,057	735,519	714,609	-7.1	
	45–54	404,896	442,671	476,638	467,528	468,395	15.7	705,816	654,608	654,918	666,269	666,456	-5.6	
	55–64	385,826	420,647	458,327	485,652	512,782	32.9	754,063	749,406	774,506	792,099	805,905	6.9	
	65–74	565,845	572,874	561,334	554,007	562,764	-0.5	1,215,681	1,165,624	1,174,344	1,176,845	1,183,186	-2.7	
	75–84	801,771	832,671	843,445	876,469	887,512	10.7	1,705,608	1,738,091	1,815,116	1,827,805	1,859,712	9.0	
	85 and over	457,658	457,371	456,352	466,849	480,423	5.0	1,172,802	1,176,888	1,224,716	1,274,883	1,275,783	8.8	
Total ^(b)	3,711,290	3,902,741	4,057,929	4,123,084	4,154,735	11.9	8,551,041	8,356,549	8,566,505	8,604,419	8,605,247	0.6		
Males	Under 1	60,591	56,769	58,746	60,888	61,258	1.1	341,919	337,325	335,111	338,279	343,022	0.3	
	1–4	21,294	23,887	24,221	22,866	21,735	2.1	168,417	159,934	159,708	154,853	152,965	-9.2	
	5–14	36,205	39,327	42,512	38,582	36,315	0.3	213,434	205,170	207,282	220,909	206,388	-3.3	
	15–24	95,859	107,486	109,854	105,827	103,627	8.1	489,362	425,119	482,898	480,006	437,875	-10.5	
	25–34	120,137	129,271	136,219	131,682	121,139	0.8	630,818	622,284	677,669	665,699	619,246	-1.8	
	35–44	175,619	199,560	209,252	211,775	198,561	13.1	699,655	647,664	687,050	663,593	665,109	-4.9	
	45–54	302,606	330,438	342,693	339,416	327,110	8.1	780,599	751,172	724,407	772,767	791,616	1.4	
	55–64	363,405	406,523	442,881	476,330	497,966	37.0	983,294	929,881	965,135	988,066	1,016,710	3.4	
	65–74	534,315	538,322	529,380	539,507	550,144	3.0	1,495,756	1,375,491	1,404,330	1,426,389	1,408,281	-5.8	
	75–84	726,095	773,993	776,263	795,430	809,116	11.4	1,355,826	1,353,879	1,419,053	1,488,162	1,557,536	14.9	
	85 and over	213,483	234,180	233,553	269,865	282,774	32.5	532,781	560,105	607,148	615,756	614,192	15.3	
Total ^(b)	2,649,609	2,839,757	2,905,574	2,992,169	3,009,745	13.6	7,691,960	7,368,445	7,669,989	7,814,558	7,812,941	1.6		
Persons ^(b)	Under 1	109,601	103,051	106,457	110,203	110,674	1.0	614,106	615,739	609,762	610,191	623,224	1.5	
	1–4	36,377	39,832	42,048	39,837	37,778	3.9	290,776	280,141	277,561	271,588	267,947	-7.9	
	5–14	67,658	72,683	79,356	72,271	67,719	0.1	381,274	367,193	369,284	381,582	369,109	-3.2	
	15–24	241,493	267,693	282,619	286,332	280,882	16.3	1,083,882	995,147	1,080,038	1,053,489	1,011,715	-6.7	
	25–34	581,736	621,333	659,287	658,814	631,255	8.5	1,700,890	1,629,295	1,717,918	1,673,963	1,587,120	-6.7	
	35–44	568,225	628,294	673,037	676,918	657,433	15.7	1,469,134	1,381,802	1,418,225	1,399,270	1,379,927	-6.1	
	45–54	707,504	773,114	819,337	806,947	795,506	12.4	1,486,417	1,405,785	1,379,355	1,439,039	1,458,073	-1.9	
	55–64	749,232	827,172	901,208	961,985	1,010,748	34.9	1,737,357	1,679,956	1,739,678	1,780,172	1,822,625	4.9	
	65–74	1,100,160	1,111,196	1,090,715	1,093,516	1,112,910	1.2	2,711,452	2,541,115	2,578,680	2,603,273	2,591,473	-4.4	
	75–84	1,527,868	1,606,667	1,619,716	1,671,900	1,696,629	11.0	3,061,434	3,092,020	3,234,169	3,315,967	3,417,292	11.6	
	85 and over	671,141	691,551	689,906	736,724	763,197	13.7	1,705,583	1,737,008	1,831,865	1,890,640	1,889,975	10.8	
Total ^(b)	6,360,999	6,742,594	6,963,686	7,115,448	7,164,732	12.6	16,243,115	15,726,381	16,237,364	16,425,349	16,418,481	1.1		

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported.

Table 8.5: Patient days^(a), by age group and sex, public hospitals, states and territories, 2003–04

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	92,578	72,824	50,139	21,535	23,597	4,634	5,554	9,337	280,198
	1–4	41,780	24,538	20,018	11,016	9,152	1,558	1,540	5,380	114,982
	5–14	55,339	35,110	32,502	17,337	13,365	2,784	2,467	3,815	162,719
	15–24	201,828	125,111	108,297	53,059	50,251	13,243	8,345	13,697	573,831
	25–34	342,739	247,024	153,261	89,779	82,506	19,109	15,780	17,668	967,866
	35–44	245,213	182,293	113,405	67,967	63,970	15,430	10,824	15,507	714,609
	45–54	209,650	173,137	113,720	65,382	60,392	15,917	10,734	17,524	666,456
	55–64	268,078	209,487	144,198	66,826	70,308	22,597	13,559	10,852	805,905
	65–74	431,196	326,600	172,490	95,004	102,186	28,846	18,592	8,272	1,183,186
	75–84	678,129	526,712	236,603	153,847	198,375	37,894	22,496	5,656	1,859,712
	85 and over	492,160	347,176	166,415	106,061	124,898	24,723	12,949	1,401	1,275,783
<i>Total^(b)</i>	<i>3,058,690</i>	<i>2,270,012</i>	<i>1,311,048</i>	<i>747,813</i>	<i>799,000</i>	<i>186,735</i>	<i>122,840</i>	<i>109,109</i>	<i>8,605,247</i>	
Males	Under 1	111,860	87,480	61,066	26,635	31,763	6,337	7,059	10,822	343,022
	1–4	54,354	31,224	28,043	15,147	12,823	2,671	2,204	6,499	152,965
	5–14	73,621	43,735	40,850	21,947	15,517	3,369	2,785	4,564	206,388
	15–24	142,433	99,827	82,530	52,888	38,569	8,794	5,965	6,869	437,875
	25–34	202,568	133,972	134,791	60,247	56,086	12,420	7,738	11,424	619,246
	35–44	223,372	149,981	131,876	62,514	60,121	11,540	10,862	14,843	665,109
	45–54	274,801	190,233	138,699	70,271	71,226	18,053	11,705	16,628	791,616
	55–64	341,157	262,263	190,265	81,695	84,762	23,407	17,753	15,408	1,016,710
	65–74	502,401	387,569	212,787	111,442	129,330	33,068	20,986	10,698	1,408,281
	75–84	570,753	433,083	206,577	117,402	170,211	34,811	19,177	5,522	1,557,536
	85 and over	225,128	169,757	79,221	51,996	69,005	11,838	6,121	1,126	614,192
<i>Total^(b)</i>	<i>2,722,448</i>	<i>1,989,124</i>	<i>1,306,705</i>	<i>672,184</i>	<i>739,414</i>	<i>166,308</i>	<i>112,355</i>	<i>104,403</i>	<i>7,812,941</i>	
Persons^(b)	Under 1	204,439	160,307	111,205	48,170	55,360	10,971	12,613	20,159	623,224
	1–4	96,134	55,762	48,061	26,163	21,975	4,229	3,744	11,879	267,947
	5–14	128,962	78,845	73,352	39,284	28,882	6,153	5,252	8,379	369,109
	15–24	344,270	224,938	190,827	105,947	88,820	22,037	14,310	20,566	1,011,715
	25–34	545,315	380,996	288,052	150,026	138,592	31,529	23,518	29,092	1,587,120
	35–44	468,794	332,274	245,281	130,481	124,091	26,970	21,686	30,350	1,379,927
	45–54	484,452	363,370	252,419	135,653	131,618	33,970	22,439	34,152	1,458,073
	55–64	609,245	471,750	334,463	148,521	155,070	46,004	31,312	26,260	1,822,625
	65–74	933,603	714,169	385,277	206,446	231,516	61,914	39,578	18,970	2,591,473
	75–84	1,248,926	959,795	443,180	271,249	368,586	72,705	41,673	11,178	3,417,292
	85 and over	717,288	516,933	245,636	158,057	193,903	36,561	19,070	2,527	1,889,975
Total^(b)	5,781,428	4,259,139	2,617,753	1,419,997	1,538,414	353,043	235,195	213,512	16,418,481	

(a) Patient days for separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes patient days for which sex and/or age group were not reported.

Table 8.6: Patient days^(a), by age group and sex, private hospitals, states and territories, 2003–04

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	10,838	14,329	13,337	7,230	911	n.p.	n.p.	n.p.	49,177
	1–4	5,044	2,239	4,447	2,699	1,092	n.p.	n.p.	n.p.	16,040
	5–14	10,286	6,276	7,453	4,132	1,903	n.p.	n.p.	n.p.	31,400
	15–24	45,737	44,775	39,895	25,918	11,624	n.p.	n.p.	n.p.	177,254
	25–34	139,802	134,109	109,492	65,892	33,266	n.p.	n.p.	n.p.	510,115
	35–44	119,491	124,823	99,598	57,481	33,371	n.p.	n.p.	n.p.	458,872
	45–54	118,168	122,219	106,846	57,113	40,156	n.p.	n.p.	n.p.	468,395
	55–64	133,738	127,664	120,493	56,873	48,452	n.p.	n.p.	n.p.	512,782
	65–74	149,358	144,407	136,694	59,995	48,580	n.p.	n.p.	n.p.	562,764
	75–84	231,928	234,983	220,929	86,290	76,396	n.p.	n.p.	n.p.	887,512
	85 and over	115,377	129,822	125,421	48,966	44,315	n.p.	n.p.	n.p.	480,423
<i>Total^(b)</i>	<i>1,079,768</i>	<i>1,085,646</i>	<i>984,605</i>	<i>472,589</i>	<i>340,066</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,154,735</i>	
Males	Under 1	13,181	17,877	16,004	9,168	1,633	n.p.	n.p.	n.p.	61,258
	1–4	6,126	3,453	6,028	3,695	1,577	n.p.	n.p.	n.p.	21,735
	5–14	11,897	6,938	8,770	4,857	2,151	n.p.	n.p.	n.p.	36,315
	15–24	26,584	28,094	21,017	14,431	8,581	n.p.	n.p.	n.p.	103,627
	25–34	33,846	34,121	23,685	15,050	8,720	n.p.	n.p.	n.p.	121,139
	35–44	53,655	53,543	42,711	23,658	15,153	n.p.	n.p.	n.p.	198,561
	45–54	88,778	80,499	78,618	36,406	28,101	n.p.	n.p.	n.p.	327,110
	55–64	137,491	113,912	131,862	52,334	39,066	n.p.	n.p.	n.p.	497,966
	65–74	146,065	137,248	138,598	59,394	44,550	n.p.	n.p.	n.p.	550,144
	75–84	197,630	209,310	231,814	80,431	57,285	n.p.	n.p.	n.p.	809,116
	85 and over	64,646	71,262	84,595	33,846	19,005	n.p.	n.p.	n.p.	282,774
<i>Total^(b)</i>	<i>779,899</i>	<i>756,257</i>	<i>783,702</i>	<i>333,270</i>	<i>225,822</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,009,745</i>	
Persons^(b)	Under 1	24,019	32,444	29,341	16,398	2,545	n.p.	n.p.	n.p.	110,674
	1–4	11,170	5,692	10,475	6,394	2,669	n.p.	n.p.	n.p.	37,778
	5–14	22,183	13,214	16,223	8,989	4,054	n.p.	n.p.	n.p.	67,719
	15–24	72,321	72,869	60,912	40,349	20,205	n.p.	n.p.	n.p.	280,882
	25–34	173,648	168,230	133,177	80,942	41,986	n.p.	n.p.	n.p.	631,255
	35–44	173,146	178,366	142,309	81,139	48,524	n.p.	n.p.	n.p.	657,433
	45–54	206,946	202,718	185,464	93,519	68,257	n.p.	n.p.	n.p.	795,506
	55–64	271,229	241,576	252,355	109,207	87,518	n.p.	n.p.	n.p.	1,010,748
	65–74	295,423	281,655	275,292	119,389	93,130	n.p.	n.p.	n.p.	1,112,910
	75–84	429,558	444,293	452,743	166,721	133,681	n.p.	n.p.	n.p.	1,696,629
	85 and over	180,023	201,084	210,016	82,812	63,320	n.p.	n.p.	n.p.	763,197
Total^(b)	1,859,667	1,842,141	1,768,307	805,859	565,889	n.p.	n.p.	n.p.	7,164,732	

(a) Patient days for separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes patient days for which sex and/or age group were not reported.

n.p. Not published.

Table 8.7: Separations^(a), by Indigenous status^(b) and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Aboriginal but not Torres Strait Islander origin	38,026	8,384	43,939	37,033	14,364	1,682	1,476	44,366	189,270
Torres Strait Islander but not Aboriginal origin	762	154	7,873	79	63	47	12	108	9,098
Aboriginal and Torres Strait Islander origin	821	624	2,231	203	58	50	50	616	4,653
Neither Aboriginal nor Torres Strait Islander origin	1,277,014	1,178,367	654,784	329,931	354,166	74,394	65,176	25,010	3,958,842
Not reported	8,912	0	12,186	0	10,458	4,745	2,315	16	38,632
<i>Total</i>	<i>1,325,535</i>	<i>1,187,529</i>	<i>721,013</i>	<i>367,246</i>	<i>379,109</i>	<i>80,918</i>	<i>69,029</i>	<i>70,116</i>	<i>4,200,495</i>
Private hospitals									
Aboriginal but not Torres Strait Islander origin	578	94	2,914	7,234	408	n.p.	n.p.	n.p.	11,471
Torres Strait Islander but not Aboriginal origin	71	19	502	32	13	n.p.	n.p.	n.p.	650
Aboriginal and Torres Strait Islander origin	92	119	625	99	11	n.p.	n.p.	n.p.	1,000
Neither Aboriginal nor Torres Strait Islander origin	710,715	680,574	482,364	282,828	202,876	n.p.	n.p.	n.p.	2,420,159
Not reported	689	0	153,642	0	2,903	n.p.	n.p.	n.p.	207,417
<i>Total</i>	<i>712,145</i>	<i>680,806</i>	<i>640,047</i>	<i>290,193</i>	<i>206,211</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,640,697</i>
All hospitals									
Aboriginal but not Torres Strait Islander origin	38,604	8,478	46,853	44,267	14,772	n.p.	n.p.	n.p.	200,741
Torres Strait Islander but not Aboriginal origin	833	173	8,375	111	76	n.p.	n.p.	n.p.	9,748
Aboriginal and Torres Strait Islander origin	913	743	2,856	302	69	n.p.	n.p.	n.p.	5,653
Neither Aboriginal nor Torres Strait Islander origin	1,987,729	1,858,941	1,137,148	612,759	557,042	n.p.	n.p.	n.p.	6,379,001
Not reported	9,601	0	165,828	0	13,361	n.p.	n.p.	n.p.	246,049
Total	2,037,680	1,868,335	1,361,060	657,439	585,320	n.p.	n.p.	n.p.	6,841,192
Separation rate ^(c) for Indigenous persons per 1,000	410.3	464.0	683.2	928.1	826.2	144.3	864.6	1,141.7	665.3
Separation rate ^(c) for other persons per 1,000	294.2	368.5	350.1	326.1	355.4	163.7	232.4	239.6	331.9
Separation rate ^(c) for all persons per 1,000	295.9	368.9	357.0	340.8	360.7	162.8	235.6	428.9	337.2
Rate ratio ^(d)	1.4	1.3	2.0	2.8	2.3	0.9	3.7	4.8	2.0

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 8 for further detail.

(c) The rates were directly age-standardised as detailed in Appendix 3, and the separation rate for other persons includes *Not reported*. Rates for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only. Indigenous population data are available at <http://www.aihw.gov.au/>.

(d) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other persons (which includes *Not reported*).

n.p. Not published.

Table 8.8: Overnight separations^(a), by Indigenous status^(b) and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Aboriginal but not Torres Strait Islander origin	21,615	3,552	20,123	20,689	6,840	805	402	16,409	90,435
Torres Strait Islander but not Aboriginal origin	283	105	3,446	56	44	27	6	61	4,028
Aboriginal and Torres Strait Islander origin	540	331	1,069	154	40	37	36	248	2,455
Neither Aboriginal nor Torres Strait Islander origin	733,318	531,177	339,326	165,093	180,936	36,955	28,535	12,599	2,027,939
Not reported	4,777	0	6,216	0	3,641	2,800	1,026	14	18,474
<i>Total</i>	<i>760,533</i>	<i>535,165</i>	<i>370,180</i>	<i>185,992</i>	<i>191,501</i>	<i>40,624</i>	<i>30,005</i>	<i>29,331</i>	<i>2,143,331</i>
Private hospitals									
Aboriginal but not Torres Strait Islander origin	64	37	393	249	161	n.p.	n.p.	n.p.	1,011
Torres Strait Islander but not Aboriginal origin	24	10	72	1	3	n.p.	n.p.	n.p.	121
Aboriginal and Torres Strait Islander origin	42	27	100	32	3	n.p.	n.p.	n.p.	232
Neither Aboriginal nor Torres Strait Islander origin	249,767	250,204	171,843	118,649	86,027	n.p.	n.p.	n.p.	903,423
Not reported	91	0	57,935	0	1,294	n.p.	n.p.	n.p.	81,607
<i>Total</i>	<i>249,988</i>	<i>250,278</i>	<i>230,343</i>	<i>118,931</i>	<i>87,488</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>986,394</i>
All hospitals									
Aboriginal but not Torres Strait Islander origin	21,679	3,589	20,516	20,938	7,001	n.p.	n.p.	n.p.	91,446
Torres Strait Islander but not Aboriginal origin	307	115	3,518	57	47	n.p.	n.p.	n.p.	4,149
Aboriginal and Torres Strait Islander origin	582	358	1,169	186	43	n.p.	n.p.	n.p.	2,687
Neither Aboriginal nor Torres Strait Islander origin	983,085	781,381	511,169	283,742	266,963	n.p.	n.p.	n.p.	2,931,362
Not reported	4,868	0	64,151	0	4,935	n.p.	n.p.	n.p.	100,081
Total	1,010,521	785,443	600,523	304,923	278,989	n.p.	n.p.	n.p.	3,129,725
Separation rate ^(c) for Indigenous persons per 1,000	229.2	198.3	283.4	442.0	394.7	69.0	220.5	413.0	297.1
Separation rate ^(c) for other persons per 1,000	145.5	154.5	155.1	151.8	168.8	83.1	101.5	116.3	152.0
Separation rate ^(c) for all persons per 1,000	146.7	154.7	158.1	158.8	171.5	82.6	102.0	165.8	154.4
Rate ratio ^(d)	1.6	1.3	1.8	2.9	2.3	0.5	1.6	2.5	2.0

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 8 for further detail.

(c) The rates were directly age-standardised as detailed in Appendix 3, and separation rate for other persons includes *Not reported*. Rates for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only. Indigenous population data are available at <http://www.aihw.gov.au/>.

(d) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other persons (which includes *Not reported*).

n.p. Not published.

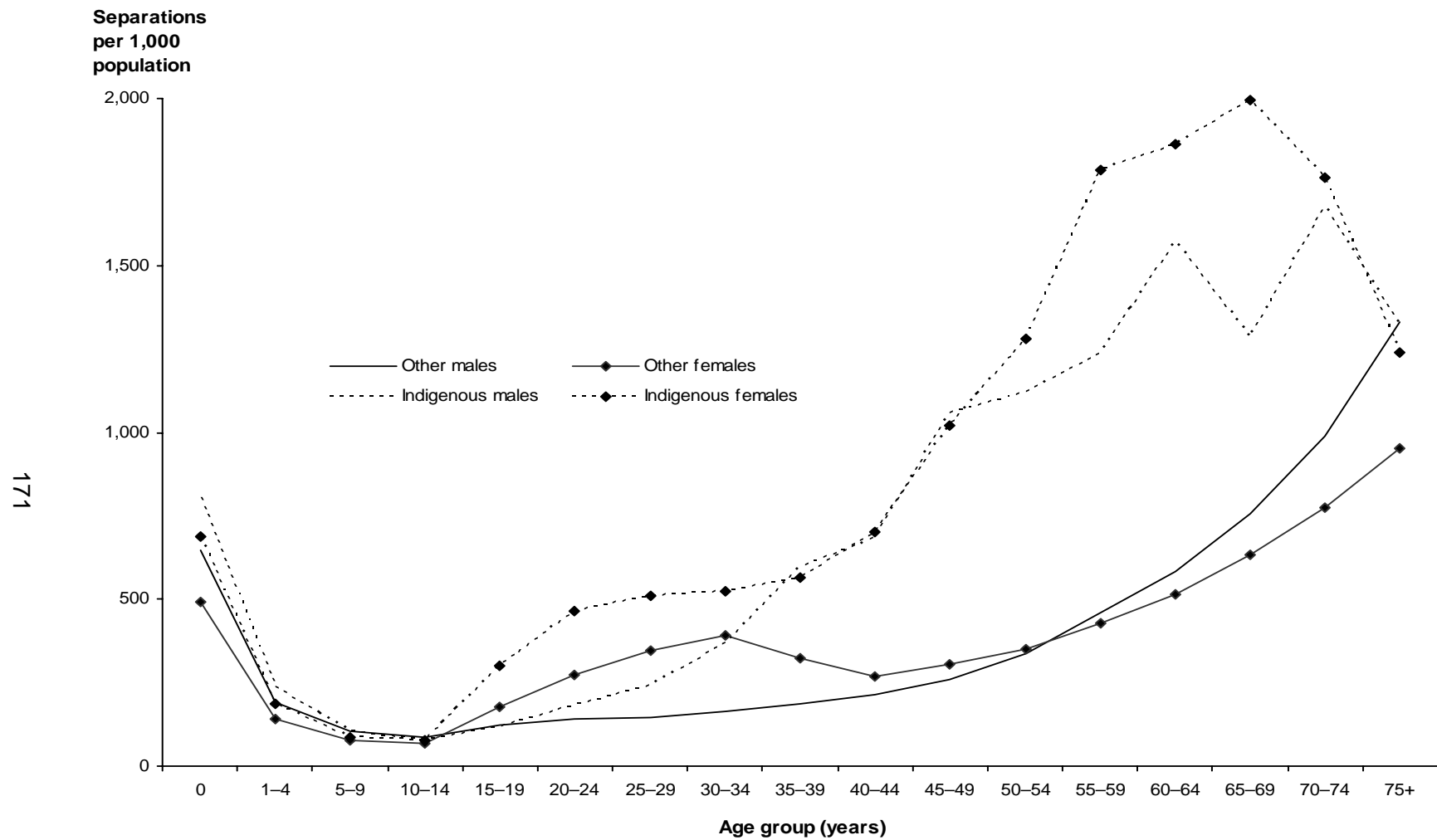
Table 8.9: Separations^(a), by Indigenous status^(b), age group and sex, Australia, 2003–04

Age group	Indigenous			Non-Indigenous			Not reported			Total		
	Males	Females	Persons ^(c)	Males	Females	Persons ^(c)	Males	Females	Persons ^(c)	Males	Females	Persons ^(c)
Under 1	4,998	4,058	9,056	75,451	54,526	130,008	2,278	1,589	3,867	82,727	60,173	142,931
1–4	5,761	4,419	10,180	93,938	65,886	159,824	2,283	1,486	3,772	101,982	71,791	173,776
5–14	5,701	4,729	10,430	121,766	89,277	211,044	3,387	2,780	6,172	130,854	96,786	227,646
15–24	6,652	16,861	23,513	171,790	279,705	451,495	6,692	9,307	16,001	185,134	305,873	491,009
25–34	10,712	19,573	30,285	212,043	499,714	711,758	7,957	18,678	26,637	230,712	537,965	768,680
35–44	17,914	19,434	37,349	283,014	417,896	700,911	11,167	18,770	29,947	312,095	456,100	768,207
45–54	20,195	22,531	42,726	379,970	416,916	796,886	15,866	21,304	37,172	416,031	460,751	876,784
55–64	13,086	18,760	31,846	496,234	441,234	937,468	22,550	20,779	43,333	531,870	480,773	1,012,647
65–74	6,029	9,634	15,663	543,931	465,279	1,009,210	20,544	17,378	37,927	570,504	492,291	1,062,800
75 and over	2,074	3,020	5,094	611,036	659,359	1,270,395	19,661	21,551	41,221	632,771	683,930	1,316,710
Total^(c)	93,122	123,019	216,142	2,989,174	3,389,793	6,379,001	112,385	133,622	246,049	3,194,681	3,646,434	6,841,192

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 8 for further detail.

(c) Includes separations for which sex and/or age group were not reported.



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
 (b) Separations per 1,000 population for *Other males* and *Other females* include separations for which Indigenous status was *Not reported*.

Figure 8.1: Separations^(a) per 1,000 population, by age group, sex and reported Indigenous status^(b), all hospitals, Australia, 2003-04

Table 8.10: Separations^(a), by selected country/region of birth and hospital sector, Australia, 2003–04

Country/region	Separations			Separations per 1,000 population ^(b)		
	Public hospitals	Private hospitals	All hospitals	Public hospitals	Private hospitals	All hospitals
Australia	3,071,003	2,009,059	5,080,062	210.6	142.3	353.0
New Zealand	69,023	35,379	104,402	175.8	85.2	261.0
Papua New Guinea	4,485	3,054	7,539	230.8	155.4	386.2
Fiji	13,090	4,044	17,134	294.7	83.5	378.2
Other Oceania	16,175	3,058	19,233	515.6	92.6	608.2
<i>Oceania (including Australia)</i>	<i>3,173,776</i>	<i>2,054,594</i>	<i>5,228,370</i>	<i>210.5</i>	<i>140.5</i>	<i>351.0</i>
United Kingdom & Ireland	278,417	178,476	456,893	168.5	103.6	272.0
Greece	57,663	16,779	74,442	235.5	82.9	318.3
Italy	100,142	51,918	152,060	221.3	114.1	335.5
Malta	19,521	6,939	26,460	238.7	90.4	329.2
Former Yugoslavia	56,247	15,303	71,550	199.3	52.3	251.6
Former USSR and Baltic States	21,165	7,652	28,817	216.6	96.7	313.3
Hungary	9,067	6,053	15,120	187.1	110.3	297.4
Poland	20,890	10,532	31,422	185.4	91.7	277.1
Romania	3,666	1,823	5,489	195.5	96.0	291.5
France	4,631	2,805	7,436	211.7	118.6	330.3
Germany	31,577	18,706	50,283	174.4	94.5	268.9
Netherlands	26,913	15,069	41,982	179.3	98.7	278.0
Cyprus	8,266	2,687	10,953	271.2	83.9	355.1
Other Europe and the former USSR	33,243	18,395	51,638	203.9	104.8	308.7
<i>Europe (total)</i>	<i>671,408</i>	<i>353,137</i>	<i>1,024,545</i>	<i>188.0</i>	<i>97.4</i>	<i>285.3</i>
Lebanon	26,995	6,145	33,140	312.8	61.6	374.4
Turkey	10,917	2,280	13,197	304.0	54.6	358.7
Iran	3,975	1,627	5,602	193.1	66.0	259.1
Iraq	8,034	989	9,023	264.8	34.8	299.6
Egypt	12,898	6,640	19,538	236.5	107.6	344.2
Other Middle East and North Africa	11,075	4,093	15,168	259.7	93.3	353.0
<i>Middle East and North Africa (total)</i>	<i>73,894</i>	<i>21,774</i>	<i>95,668</i>	<i>276.0</i>	<i>75.2</i>	<i>351.3</i>

(continued)

Table 8.10 (continued): Separations^(a), by selected country/region of birth and hospital sector, Australia, 2003–04

Country/region	Separations			Separations per 1,000 population ^(b)		
	Public hospitals	Private hospitals	All hospitals	Public hospitals	Private hospitals	All hospitals
Indonesia	4,872	3,313	8,185	99.4	67.6	167.0
Cambodia	5,520	1,079	6,599	219.0	37.5	256.4
Malaysia	9,731	9,423	19,154	125.0	105.3	230.3
Philippines	20,551	6,017	26,568	195.7	47.2	242.8
Singapore	3,717	3,428	7,145	117.1	96.3	213.4
Vietnam	31,576	8,234	39,810	184.6	40.8	225.4
China	25,990	12,717	38,707	136.5	63.5	200.1
Hong Kong & Macau	7,321	7,417	14,738	142.9	117.8	260.7
Japan	2,780	3,068	5,848	122.6	126.7	249.2
India	19,978	11,410	31,388	160.5	87.2	247.7
Sri Lanka	12,478	7,023	19,501	188.3	101.3	289.6
Other Asia	25,744	10,535	36,279	189.3	70.8	260.1
<i>Asia (total)</i>	<i>170,258</i>	<i>83,664</i>	<i>253,922</i>	<i>160.5</i>	<i>73.8</i>	<i>234.3</i>
Canada	4,132	4,416	8,548	139.8	138.2	278.0
USA	8,847	9,073	17,920	165.5	151.0	316.6
Other North America	145	73	218	299.4	144.0	443.4
<i>North America (total)</i>	<i>13,124</i>	<i>13,562</i>	<i>26,686</i>	<i>157.8</i>	<i>146.8</i>	<i>304.6</i>
Argentina	2,310	1,183	3,493	178.3	81.7	260.1
Chile	6,001	2,075	8,076	227.4	64.7	292.1
The Caribbean	1,187	1,042	2,229	238.8	188.3	427.0
Other South America and Central America	9,353	3,622	12,975	209.9	72.2	282.1
<i>South and Central America, and the Caribbean (total)</i>	<i>18,851</i>	<i>7,922</i>	<i>26,773</i>	<i>211.3</i>	<i>79.0</i>	<i>290.2</i>
Mauritius	4,669	2,304	6,973	209.1	100.2	309.3
South Africa	11,195	11,548	22,743	130.0	118.6	248.6
Other Africa excluding North Africa	10,250	6,376	16,626	191.3	120.0	311.3
<i>Africa excluding North Africa (total)</i>	<i>26,114</i>	<i>20,228</i>	<i>46,342</i>	<i>163.2</i>	<i>114.2</i>	<i>277.4</i>
Overseas (total)	1,076,422	545,822	1,622,244	189.0	89.5	278.4
Not stated or inadequately described	53,070	85,816	138,886	..	..	..
Total	4,200,495	2,640,697	6,841,192	209.3	130.7	340.0

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The rates were directly age-standardised as detailed in Appendix 3.

.. Not applicable.

Table 8.11: Selected separation statistics^(a), by same day status, hospital sector^(b) and state and territory of usual residence, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
All separations									
Separations	2,086,525	1,852,375	1,332,588	656,958	579,691	n.p.	n.p.	n.p.	6,819,504
Separations not within state of residence (%)	4	1	1	0	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	53	56	49	59	57	n.p.	n.p.	n.p.	55
Separation rate ^(c)	302.9	365.7	349.5	340.5	357.2	n.p.	n.p.	n.p.	336.2
Standardised separation rate ratio (SRR)	0.90	1.09	1.04	1.01	1.06	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.90–0.90	1.09–1.09	1.04–1.04	1.01–1.01	1.06–1.06	n.p.	n.p.	n.p.	
Same day separations									
Separations	1,058,369	1,073,922	744,391	352,941	304,421	n.p.	n.p.	n.p.	3,700,806
Separations not within state of residence (%)	5	1	1	0	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	47	54	44	59	55	n.p.	n.p.	n.p.	51
Separation rate ^(c)	153.7	212.4	194.7	182.2	188.0	n.p.	n.p.	n.p.	182.3
Standardised separation rate ratio (SRR)	0.84	1.17	1.07	1.00	1.03	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.84–0.84	1.17–1.17	1.07–1.07	1.00–1.00	1.03–1.03	n.p.	n.p.	n.p.	
Overnight separations									
Separations	1,028,156	778,453	588,197	304,017	275,270	71,771	36,230	35,404	3,118,698
Separations not within state of residence (%)	4	1	1	1	1	3	8	8	
Proportion of separations public patients (%)	60	59	57	60	59	56	59	78	59
Separation rate ^(c)	149.3	153.3	154.8	158.4	169.2	144.5	122.1	204.0	153.9
Standardised separation rate ratio (SRR)	0.97	1.00	1.01	1.03	1.10	0.94	0.79	1.33	
95% confidence interval of SRR	0.97–0.97	1.00–1.00	1.01–1.01	1.03–1.03	1.10–1.10	0.93–0.95	0.78–0.80	1.32–1.34	
Public hospitals									
Separations	1,348,719	1,171,198	716,051	366,889	376,957	82,110	53,898	68,829	4,186,474
Separations not within state of residence (%)	4	1	2	1	1	2	5	4	
Proportion of separations public patients (%)	82	89	90	91	87	81	91	96	87
Separation rate ^(c)	196.3	231.8	188.0	190.8	234.5	165.3	183.3	421.0	207.0
Standardised separation rate ratio (SRR)	0.95	1.12	0.91	0.92	1.13	0.80	0.89	2.03	
95% confidence interval of SRR	0.95–0.95	1.12–1.12	0.91–0.91	0.92–0.92	1.13–1.13	0.79–0.81	0.88–0.90	2.01–2.05	
Private hospitals									
Separations	737,806	681,177	616,537	290,069	202,734	n.p.	n.p.	n.p.	2,633,030
Separations not within state of residence (%)	5	1	1	0	0	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	1	0	2	19	1	n.p.	n.p.	n.p.	3
Separation rate ^(c)	106.7	134.0	161.5	149.7	122.6	n.p.	n.p.	n.p.	129.2
Standardised separation rate ratio (SRR)	0.83	1.04	1.25	1.16	0.95	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.83–0.83	1.04–1.04	1.25–1.25	1.16–1.16	0.95–0.95	n.p.	n.p.	n.p.	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

(c) Rates per 1,000 population were directly age-standardised as detailed in Appendix 3.

n.p. Not published.

Table 8.12: Selected separation statistics^(a), by same day status, hospital sector^(b) and Remoteness Area of usual residence, Australia^(c), 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(b)
All separations						
Separations	4,473,852	1,419,897	727,113	111,700	70,082	6,819,504
Proportion of separations public patients (%)	51	57	65	76	89	55
Separation rate ^(c)	337.3	329.2	352.9	367.7	436.0	339.0
Standardised separation rate ratio (SRR)	1.00	0.97	1.04	1.08	1.29	
95% confidence interval of SRR	1.00–1.00	0.97–0.97	1.04–1.04	1.07–1.09	1.28–1.30	
Same day separations						
Separations	2,549,158	714,312	349,038	49,762	30,320	3,700,806
Proportion of separations public patients (%)	48	52	62	76	88	51
Separation rate ^(c)	192.6	164.5	167.8	160.8	191.2	183.8
Standardised separation rate ratio (SRR)	1.05	0.89	0.91	0.87	1.04	
95% confidence interval of SRR	1.05–1.05	0.89–0.89	0.91–0.91	0.86–0.88	1.03–1.05	
Overnight separations						
Separations	1,924,694	705,585	378,075	61,938	39,762	3,118,698
Proportion of separations public patients (%)	56	61	67	76	89	59
Separation rate ^(c)	144.7	164.8	185.1	206.9	244.8	155.1
Standardised separation rate ratio (SRR)	0.93	1.06	1.19	1.33	1.58	
95% confidence interval of SRR	0.93–0.93	1.06–1.06	1.19–1.19	1.32–1.34	1.56–1.60	
Public hospitals						
Separations	2,579,896	908,131	536,764	90,142	64,562	4,186,474
Proportion of separations public patients (%)	87	85	86	89	96	87
Separation rate ^(c)	194.9	212.6	261.4	297.2	398.4	208.6
Standardised separation rate ratio (SRR)	0.93	1.02	1.25	1.42	1.91	
95% confidence interval of SRR	0.93–0.93	1.02–1.02	1.25–1.25	1.41–1.43	1.90–1.92	
Private hospitals						
Separations	1,893,956	511,766	190,349	21,558	5,520	2,633,030
Proportion of separations public patients (%)	2	5	6	23	7	3
Separation rate ^(c)	142.4	116.6	91.5	70.5	37.6	130.3
Standardised separation rate ratio (SRR)	1.09	0.89	0.70	0.54	0.29	
95% confidence interval of SRR	1.09–1.09	0.89–0.89	0.70–0.70	0.53–0.55	0.28–0.30	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

(c) Rates per 1,000 population were directly age-standardised as detailed in Appendix 3.

Table 8.13: Selected separation statistics^(a), by same day status, hospital sector and quintile of socioeconomic advantage/disadvantage^(b), Australia^(c), 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(c)
All separations						
Separations	1,437,861	1,366,398	1,340,205	1,348,347	1,310,621	6,819,504
Proportion of separations public patients (%)	67	61	57	50	37	55
Separation rate ^(d)	351.9	349.0	332.2	342.9	319.3	339.0
Standardised separation rate ratio (SRR)	1.04	1.03	0.98	1.01	0.94	
95% confidence interval of SRR	1.04–1.04	1.03–1.03	0.98–0.98	1.01–1.01	0.94–0.94	
Same day separations						
Separations	720,745	716,880	722,613	770,386	762,168	3,700,806
Proportion of separations public patients (%)	63	58	53	46	34	51
Separation rate ^(d)	175.1	182.6	179.0	196.3	186.7	183.8
Standardised separation rate ratio (SRR)	0.95	0.99	0.97	1.07	1.02	
95% confidence interval of SRR	0.95–0.95	0.99–0.99	0.97–0.97	1.07–1.07	1.02–1.02	
Overnight separations						
Separations	717,116	649,518	617,592	577,961	548,453	3,118,698
Proportion of separations public patients (%)	70	64	62	54	42	59
Separation rate ^(d)	176.8	166.4	153.2	146.6	132.6	155.1
Standardised separation rate ratio (SRR)	1.14	1.07	0.99	0.95	0.85	
95% confidence interval of SRR	1.14–1.14	1.07–1.07	0.99–0.99	0.95–0.95	0.85–0.85	
Public hospitals						
Separations	1,046,935	929,200	860,778	742,817	600,310	4,186,474
Proportion of separations public patients (%)	89	87	87	88	81	87
Separation rate ^(d)	258.0	237.9	213.5	189.3	147.0	208.6
Standardised separation rate ratio (SRR)	1.24	1.14	1.02	0.91	0.70	
95% confidence interval of SRR	1.24–1.24	1.14–1.14	1.02–1.02	0.91–0.91	0.70–0.70	
Private hospitals						
Separations	390,926	437,198	479,427	605,530	710,311	2,633,030
Proportion of separations public patients (%)	7	5	4	3	0	3
Separation rate ^(d)	93.9	111.1	118.8	153.6	172.3	130.3
Standardised separation rate ratio (SRR)	0.72	0.85	0.91	1.18	1.32	
95% confidence interval of SRR	0.72–0.72	0.85–0.85	0.91–0.91	1.18–1.18	1.32–1.32	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Based on a mapping of the Statistical Local Area of each patient's usual residence to the Australian Bureau of Statistics SEIFA 2001 Index of Socioeconomic Advantage/Disadvantage.

(c) Includes unknown residence area and excludes overseas residents and unknown state of residence.

(d) Rates per 1,000 population were directly age-standardised as detailed in Appendix 3.

9 Principal diagnoses for admitted patients

Introduction

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for occasioning the admitted patient's episode of care in hospital. Data on principal diagnoses provide information on the diseases and conditions for which hospitalisations occur and can provide an indirect measure of community morbidity.

The principal diagnosis is usually a disease, injury or poisoning, but can also be the specific care or service provided for a current condition (for example, dialysis for renal disease), or other reasons for hospitalisation.

Principal diagnoses for 2003–04 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories except South Australia using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)* (NCCH 2002). South Australia mapped the data collected using that classification forward to codes of the fourth edition of ICD-10-AM (NCCH 2004). The AIHW mapped these data backward to the third edition codes so that national data could be presented in a single classification in this report. The mapped data are not completely equivalent to unmapped data, so the data should be interpreted with these mappings in mind. Further information about the backward mapping and other information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes) which, in turn, can mostly be divided into an even larger number of very specific disease categories represented by 4- and 5-character codes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM disease classification. Full descriptions of the categories are available in the ICD-10-AM publication.

Most of the information is presented using two methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Tables 9.1 to 9.4 and Table 9.20);
- 3-character ICD-10-AM groupings – 1,664 categories describe the diseases at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 9.6 to 9.12 and Tables 9.14 to 9.19) and summary information is provided for all of the groups (for which separations were reported) on the Internet at <http://www.aihw.gov.au/> (Tables S9.1 to S9.4).

In addition, Table 9.13 uses a mixture of ICD-10-AM chapters, 3- and 4-character categories and other groupings to present information on diagnoses reported for public psychiatric hospitals.

Tables are presented with summary separation, patient day and length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented, as well as separation statistics by Indigenous status. Information on public patients in Tables 9.1 to 9.2 and Tables 9.8 to 9.13 relates to separations for which the patient election status was reported as public (see Chapter 7).

Table 9.5 presents information on the number of diagnoses reported by each state and territory. These include the principal diagnosis and any additional diagnoses (conditions or complaints either co-existing with the principal diagnosis, or arising during the episode of care).

Data for private hospitals, in Tasmania, the Northern Territory and the Australian Capital Territory, have not been included in Tables 9.4, 9.5, 9.15 and 9.17. These data were supplied but are not published for reasons of confidentiality.

Principal diagnosis and other data elements reported for separations

The information on principal diagnosis reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 9.1 demonstrates this using the example of the principal diagnosis *I21 Acute myocardial infarction*. There were 46,885 separations with this principal diagnosis, with an average length of stay of 5.8 days. A total of 34.3% of separations were for females, which is a marked difference to the 53.3% in hospitals overall (Table 8.1). Just over 81% of separations with this principal diagnosis were in the public sector and nearly all patients (99.4%) had a care type of *Acute care*. A majority of patients (61.7%) with this diagnosis had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. *Chronic ischaemic heart disease (I25)* and *Essential (primary) hypertension (I10)* were the most common additional diagnoses. The most common procedure performed was *Coronary angiography (Block 668)* and the most commonly reported AR-DRG was *Circulatory disorders W AMI W/O invasive cardiac investigation procedures W/O catastrophic or severe complication or comorbidity (F60B)*.

ICD-10-AM chapters

Sector

Tables 9.1 and 9.2 provide a summary of the separations and patient days reported for each of the ICD-10-AM disease chapters.

Factors influencing health status and contact with health services (Z00–Z99) stands out as a high-volume group (1,037,320 separations, 518.7 separations per 10,000 population), for its high use of beds (1,641.5 patient days per 10,000 population), although the average length of stay was low (3.2 days). This is attributable to the large number of same day separations for *Care involving dialysis (Z49)* and *Other medical care (Z51)* which includes chemotherapy (Table 9.10). Although having relatively small numbers of separations, *Mental and behavioural disorders (F00–F99)* (167,900 separations, 84.0 separations per 10,000 population) had a high

use of beds (941.9 patient days per 10,000 population) and had a relatively long average length of stay (11.2 days).

In the private sector (Table 9.2), *Factors influencing health status and contact with health services* (Z00–Z99) also recorded the highest number of separations (537,797). High numbers of separations were also reported for *Diseases of the digestive system* (K00–K93) (423,937) and *Neoplasms* (C00–D48) (246,835). *Factors influencing health status and contact with health services* (Z00–Z99) (1,136,504), *Neoplasms* (C00–D48) (765,643), and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (723,960) recorded the highest numbers of patient days.

The chapters with the highest proportions of separations in the public sector were *Certain infectious and parasitic diseases* (A00–B99) (85.0% in the public sector, 79,004) and *Injury, poisoning and certain other consequence of external causes* (S00–T98) (81.4%, 366,078) (derived from Tables 9.1 and 9.2). The groups with the highest proportions of separations in the private sector were *Diseases of the eye and adnexa* (H00–H59) (67.9%, 128,268) and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (60.1%, 220,421).

The highest proportion of public patients in public hospitals (rather than in private hospitals) was for *Mental and behavioural disorders* (F00–F99, 93.2%), while the lowest was for *Diseases of the eye and adnexa* (H00–H59, 76.5%). The highest proportion of public patients in private hospitals was for *Factors influencing health status and contact with health services* (Z00–Z99, 8.4%).

States and territories

Tables 9.3 and 9.4 contain detail on the pattern of hospital use in the states and territories for the diagnosis chapters, in both the public and private sectors. These tables enable state-by-state comparisons of overall hospital use for the different diagnosis groups, and the share of separations between the private and public sectors. For example, the proportions of separations for *Diseases of the respiratory system* (J00–J99) in public hospitals (rather than private hospitals) was higher in New South Wales (82.3%, 90,143) than in Queensland (67.6%, 42,149).

Number of diagnosis codes

The National Hospital Morbidity Database contains data on principal diagnoses and additional diagnoses. Additional diagnoses include comorbidities (co-existing conditions) and/or complications which may contribute to longer lengths of stay, more intensive treatment or the use of greater resources. Ideally, the number of additional diagnoses recorded for a patient should be related to the person's clinical condition, and not be restricted by administrative or technical limitations. The AIHW requested that the states and territories report a maximum of 50 diagnosis codes.

Table 9.5 presents information on the number of diagnosis codes (principal and additional) reported to the National Hospital Morbidity Database. There are differences between the states and territories in the maximum number of diagnoses reported; for example, in the public sector, 44 diagnoses for New South Wales, 68 for Western Australia and 27 for South Australia. However, the average number of diagnosis codes per separation varied little among the jurisdictions, for both the public and private sectors.

Overall, the average number of codes reported for the public sector was slightly higher than for the private sector. In the public sector 17.0% of records had five or more diagnosis codes (714,151), but in the private sector only 9.3% of records fell into this category (245,644). This may have occurred if more complicated cases were being treated in public hospitals, or because of differences in coding practices.

High-volume diagnoses

Changes 1999–00 to 2003–04

Table 9.6 presents principal diagnoses at the 3-character level of the ICD-10-AM classification with the largest changes in the numbers of separations for public or private hospitals (or both) between 1999–00 and 2003–04. The principal diagnoses in this table either recorded increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors.

The number of separations increased over the 4-year period, in both the public and private sectors for 22 of the principal diagnoses, with increases generally greater in private hospitals.

There was an increase in the number of separations in the private sector and a decrease in the number of separations in the public sector for four of the principal diagnoses presented in Table 9.6. For example, there were 17,121 separations for *Medical abortion* (O04) in private hospitals in 1999–00 compared to 38,042 separations in 2003–04, an increase of 20,921. This apparent increase would have been affected by the registration of relevant facilities as hospitals for the first time in Queensland in 2001 and in Victoria in 2002–03. These facilities had previously been categorised as non-hospital facilities and were therefore out of scope for the National Hospital Morbidity Database. The number of separations for this principal diagnosis in public hospitals decreased by 3,091, from 16,635 in 1999–00 to 13,544 in 2003–04.

The number of separations decreased in both public and private hospitals between 1999–00 and 2003–04 for the principal diagnosis of *Female infertility* (N97), *Family history of malignant neoplasm* (Z80), *Angina pectoris* (I20) and *Follow-up examination after treatment for malignant neoplasms* (Z08).

Table 9.7 presents the 30 principal diagnoses at the 3-character level of the ICD-10-AM classification with the largest changes in the total number of separations for either public or private patients (or both), for all hospitals between 1999–00 and 2003–04.

The number of separations increased over the 4-year period, for 27 of the principal diagnoses for private patients and 23 for public patients, with increases generally greater for private patients.

There was an increase in the number of separations for private patients and a decrease in the number of separations for public patients for four of the principal diagnoses presented in Table 9.7. For example, there were 42,214 separations for *Embedded and impacted teeth* (K01) for private patients in 1999–00 compared to 59,051 separations in 2003–04, an increase of 16,837. The number of separations for this principal diagnosis for public patients decreased by 1,106, from 5,864 in 1999–00 to 4,758 in 2003–04.

The number of separations decreased for both private and public patients between 1999–00 and 2003–04 for the principal diagnoses *Female infertility* (N97), *Family history of malignant neoplasm* (Z80) and *Angina pectoris* (I20).

Sector

Tables 9.8 to 9.12 contain summary separation, patient day and average length of stay statistics for the 30 diagnoses with the most separations in public, private and private free-standing day hospitals at the 3-character level of the ICD-10-AM classification. Tables 9.8 to 9.11 also provide information on the top 30 diagnoses for overnight and same day separations in the public and private sectors.

In the public sector, the principal diagnosis group with the highest number of overnight separations was *Care involving use of rehabilitation procedures (Z50)* (51,259), followed by *Angina pectoris (I20)* (46,807) (Table 9.8). The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures (Z50)* (1,238,391) and the lowest for *Inguinal hernia (K40)* (25,728), for which the average lengths of stay were 24.2 and 1.8 days, respectively.

In the private sector (Table 9.9), the most frequently reported principal diagnosis for overnight separations was *Sleep disorders (G47)*, 29,079). *Care involving use of rehabilitation procedures (Z50)* was the next most frequently reported principal diagnosis (27,318) and also had the highest number of patient days and the longest average length of stay (472,187 and 17.3 days).

Table 9.10 reports the principal diagnoses with the highest number of same day separations in the public sector. It shows that the top principal diagnosis group was *Care involving dialysis (Z49)*, 626,719), followed by *Other medical care (Z51)*, 135,821). Comparing this table to Table 9.8 it can be seen that the top 30 principal diagnoses are quite different, suggesting that there are differences in the types of principal diagnoses that are most commonly treated on a same day basis compared to those that are not.

In the private sector (Table 9.11), *Other medical care (Z51)*, 148,145) had the highest number of same day separations, followed by *Care involving dialysis (Z49)*, 133,685). In public hospitals, the highest proportion of same day separations that were for public patients was for *False labour (D47)*, 96.1%), while the lowest was for *Other cataract (H26)*, 76.7%). However, in private hospitals, the highest proportion of same day separations that were for public patients was for *Care involving dialysis (Z49)*, 27.5%).

The most common principal diagnosis groups in private free-standing day hospitals were *Care involving dialysis (Z49)*, 36,901) and *Medical abortion (O04)*, 35,749) (Table 9.12). The proportion of separations in private free-standing day hospital facilities that was for public patients was highest for *Care involving dialysis (Z49)*, 35.6%).

Table 9.13 presents information on public psychiatric hospitals. Over 98.2% of separations in public psychiatric hospitals were for public patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00–F99, 90.2%). *Schizophrenia (F20)* was the most common diagnosis reported (3,520) and accounted for more patient days than any other group (235,388). The average length of stay was high for most of the disease groups and only 18.1% of separations (3,165) were same day separations, compared with 49.0% in public hospitals overall (Table 9.1).

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence the average length of stay data should be interpreted with caution, taking into consideration the inclusion of some very long stay and non-acute separations.

States and territories

There was some variation between the states and territories in the relative number of separations for the most common diagnoses (Tables 9.14 and 9.15). There was also some variation between the states and territories in the average length of stay for separations for the most common diagnosis (Tables 9.16 and 9.17). For example, in the public sector, the average length of stay for *Care involving use of rehabilitation procedures (Z50)* ranged from 5.4 days in the Northern Territory to 30.0 days in Tasmania. The average length of stay in the private sector for *Care involving use of rehabilitation procedures (Z50)* ranged from 5.8 days in Queensland to 21.3 days in the Western Australia.

Age group and sex

In Tables 9.18 and 9.19, information is presented on the number of separations by age group by the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification for males and females. These tables show a number of different patterns in the age distributions of separations for the various groups. For example, patients admitted for *Angina pectoris (I20)* were mostly in the older age groups. Other groups of diseases peaked in different age groups, for example *Single spontaneous delivery (O80)* peaked in the 25–34 years age group for females, *Internal derangement of knee (M23)* in the 35–44 years age group for males and *Embedded and impacted teeth (K01)* in the 15–24 years age group for both females and males.

These tables also indicate the relative importance of the disease groups as causes of hospitalisation for each sex and age group. For example, in the group of males aged 75 years and over (excluding *Care involving dialysis (Z49)* and *Other medical care (Z51)* which were common in most age groups) common diagnoses were *Other cataract (H26)* and *Other malignant neoplasms of the skin (C44)*. For females in the 1–4 age group, *Pneumonia, organism unspecified (J18)* and *Other disorders of the urinary system (N39)* were relatively common diagnoses.

Renal failure

Data for separations related to renal failure are presented in Tables 9.20 to 9.22, illustrating the impact of this condition on hospitals in Australia. These tables present data on *Acute renal failure*, *Chronic and unspecified renal failure* and *Care involving dialysis* separations for the state or territory (Table 9.20) and Remoteness Area of usual residence of the patient (Table 9.21) and the quintile of socioeconomic advantage/disadvantage of the area of usual residence (see Appendix 3) (Table 9.22). These tables also include the SRR against the national total as well as the 95% confidence interval of the SRR. The dialysis separations do not include 18,034 dialysis occasions of service reported as non-admitted patient occasions of service in New South Wales (Table 2.5) nor dialysis performed at non-hospital facilities.

Table 9.20 shows that there were 6,237 separations for *Acute renal failure*, 7,946 for *Chronic and unspecified renal failure* and 761,424 for *Care involving dialysis* (11.3% of separations overall, 15.2% for public hospitals and 5.1% for private hospitals (Table 9.20)). The highest rates for all of these in public hospitals were in the Northern Territory.

Table 9.21 highlights that separation rates were higher for the more remote areas for each category. In the public sector, the Remoteness Area of usual residence with the highest separation rate for *Acute renal failure*, *Chronic and unspecified renal failure*, and *Care involving*

dialysis was *Very remote* (0.45, 1.76 and 94.74 separations per 1,000 population respectively). In the private sector, the Remoteness Area of usual residence with the highest separation rate for *Acute renal failure* was *Major cities* (0.05), for *Chronic and unspecified renal failure* was *Inner regional* (0.07), and for *Care involving dialysis* was *Remote* (14.73).

Table 9.22 presents these data by quintile of socioeconomic advantage/disadvantage. The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the *Most advantaged* quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage. While the *Most disadvantaged* quintile had the highest separation rates for *Acute renal failure* and *Chronic renal failure*, the *Middle quintile* had the highest separation rate for *Care involving dialysis*.

Indigenous status

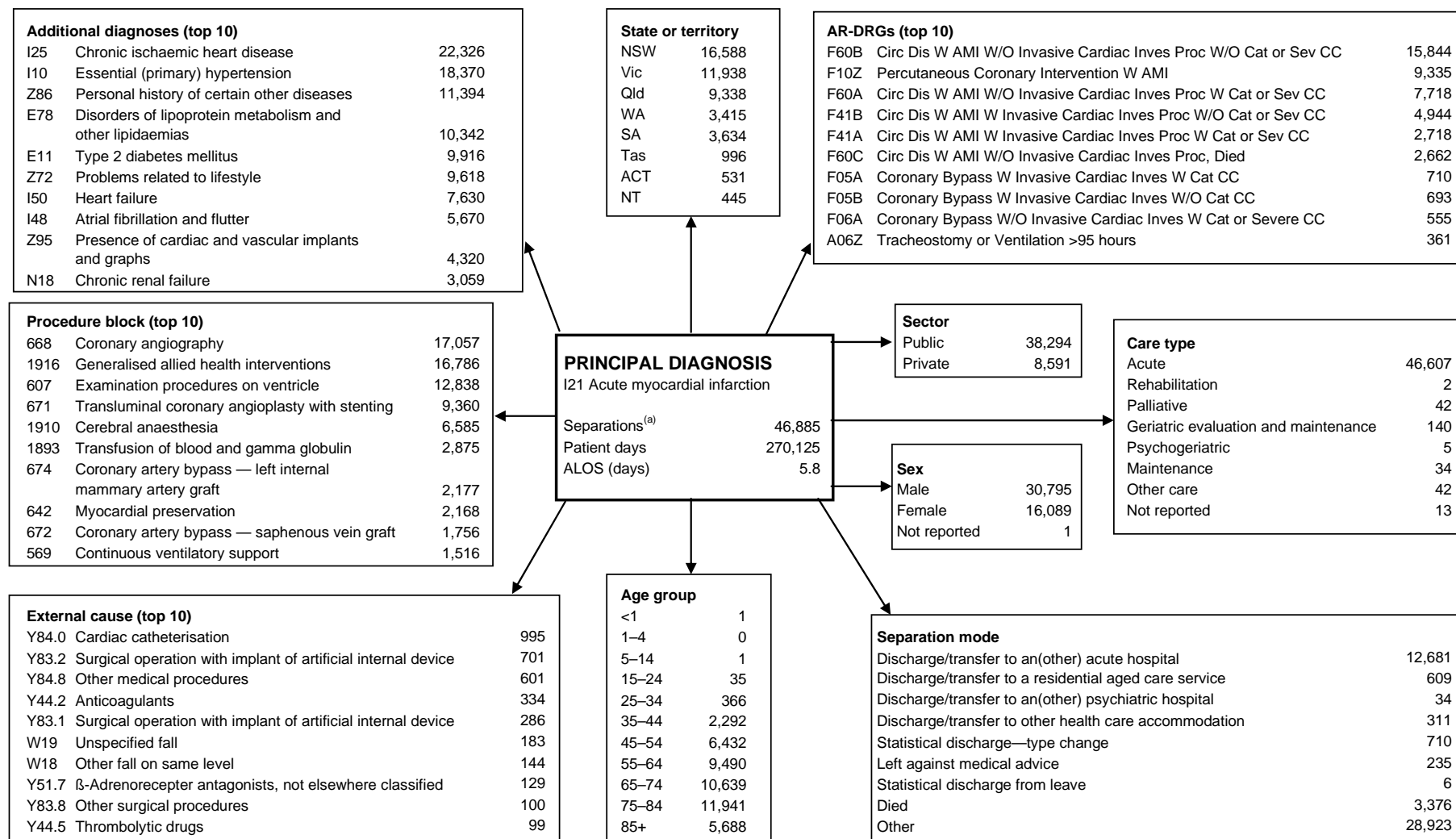
Table 9.23 reports separation statistics by Indigenous status for all hospitals. The most common principal diagnosis for patients identified as Indigenous was *Care involving dialysis* (Z49, 81,983). This represented approximately 37.9% of all separations for patients identified as Indigenous compared to 10.3% of separations for other patients. The next most common principal diagnosis reported was *Injury, poisoning and certain other consequences of external causes* (S00–T98, 17,318) which represented 8.0% of all separations for patients identified as Indigenous.

The age-standardised separation rates for persons identified as Indigenous were relatively high for the majority of the principal diagnosis chapters. As indicated in the rate ratios, persons identified as Indigenous were nearly five times more likely to be hospitalised with a principal diagnosis of *Certain infectious or parasitic diseases* as other persons and were nearly eight times more likely to be hospitalised with a principal diagnosis of *Care involving dialysis*.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/> provide national summary statistics for public and private hospitals for each 3-character ICD-10-AM disease code.

For access to more diagnosis data, the Institute's web site also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information on the principal diagnoses of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average length of stay are available on all principal diagnoses of patients by age group, sex and same day status. Principal diagnosis information is available at the broader ICD-10-AM chapter level through to the more specific 5-character level (where applicable). The source of these data is the National Hospital Morbidity Database.



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital Boarders* and *Posthumous organ procurement* have been excluded.

Note: Main abbreviations: ALOS—average length of stay; Proc—procedures; Inves—investigation; W—with; W/O—without; Cat—catastrophic; CC—complication or comorbidity.

Figure 9.1: Interrelationships of a principal diagnosis (I21 Acute myocardial infarction) with other data elements, all hospitals, Australia, 2003–04

Table 9.1: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, public hospitals, Australia, 2003–04

Principal diagnosis		Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same day
A00–B99	Certain infectious and parasitic diseases	79,004	19,242	69,943	39.5	307,150	153.6	3.9	4.8
C00–D48	Neoplasms	250,281	121,144	211,361	125.2	1,211,258	605.7	4.8	8.4
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	57,038	36,981	48,575	28.5	141,760	70.9	2.5	5.2
E00–E90	Endocrine, nutritional and metabolic diseases	76,504	29,565	66,498	38.3	387,632	193.8	5.1	7.6
F00–F99	Mental and behavioural disorders	167,900	41,902	156,924	84.0	1,883,549	941.9	11.2	14.6
G00–G99	Diseases of the nervous system	90,651	36,533	78,800	45.3	409,230	204.6	4.5	6.9
H00–H59	Diseases of the eye and adnexa	60,676	50,022	46,422	30.3	79,682	39.8	1.3	2.8
H60–H95	Diseases of the ear and mastoid process	29,287	17,631	25,407	14.6	45,794	22.9	1.6	2.4
I00–I99	Diseases of the circulatory system	296,012	62,293	244,301	148.0	1,592,524	796.4	5.4	6.5
J00–J99	Diseases of the respiratory system	252,323	38,654	218,178	126.2	1,110,027	555.1	4.4	5.0
K00–K93	Diseases of the digestive system	359,507	165,207	309,259	179.8	1,047,077	523.6	2.9	4.5
L00–L99	Diseases of the skin and subcutaneous tissue	78,101	30,024	69,304	39.1	333,065	166.6	4.3	6.3
M00–M99	Diseases of the musculoskeletal system and connective tissue	146,503	62,491	125,765	73.3	586,317	293.2	4.0	6.2
N00–N99	Diseases of the genitourinary system	197,507	95,126	174,106	98.8	534,005	267.0	2.7	4.3
O00–O99	Pregnancy, childbirth and the puerperium	309,114	77,436	285,580	154.6	859,353	429.7	2.8	3.4
P00–P96	Certain conditions originating in the perinatal period	41,221	5,395	38,164	20.6	379,328	189.7	9.2	10.4
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	22,987	11,221	18,879	11.5	85,953	43.0	3.7	6.4
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	280,458	122,725	244,811	140.2	657,474	328.8	2.3	3.4
S00–T98	Injury, poisoning and certain other consequences of external causes	366,078	121,734	296,792	183.1	1,436,244	718.2	3.9	5.4
Z00–Z99	Factors influencing health status and contact with health services	1,037,320	911,170	915,570	518.7	3,282,646	1,641.5	3.2	18.8
	Not reported	2,023	668	1,729	1.0	48,413	24.2	23.9	35.2
Total		4,200,495	2,057,164	3,646,368	2,100.5	16,418,481	8,210.1	3.9	6.7

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: Abbreviation: ALOS—average length of stay.

Table 9.2: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, private hospitals, Australia, 2003–04

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations		Patient days		ALOS (days)	
				per 10,000 population ^(b)	Patient days	per 10,000 population ^(b)	ALOS (days)	excluding same day	
A00–B99 Certain infectious and parasitic diseases	13,888	4,165	608	6.9	63,487	31.7	4.6	6.1	
C00–D48 Neoplasms	246,835	150,208	4,554	123.4	765,643	382.9	3.1	6.4	
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	23,133	15,903	550	11.6	50,068	25.0	2.2	4.7	
E00–E90 Endocrine, nutritional and metabolic diseases	34,647	15,664	983	17.3	125,939	63.0	3.6	5.8	
F00–F99 Mental and behavioural disorders	119,159	88,391	881	59.6	606,976	303.5	5.1	16.9	
G00–G99 Diseases of the nervous system	64,904	22,024	1,022	32.5	146,078	73.0	2.3	2.9	
H00–H59 Diseases of the eye and adnexa	128,268	114,285	2,653	64.1	132,735	66.4	1.0	1.3	
H60–H95 Diseases of the ear and mastoid process	24,244	17,861	332	12.1	30,471	15.2	1.3	2.0	
I00–I99 Diseases of the circulatory system	152,845	47,496	3,337	76.4	649,260	324.7	4.2	5.7	
J00–J99 Diseases of the respiratory system	79,632	12,422	2,891	39.8	336,557	168.3	4.2	4.8	
K00–K93 Diseases of the digestive system	423,937	319,003	6,156	212.0	691,930	346.0	1.6	3.6	
L00–L99 Diseases of the skin and subcutaneous tissue	41,607	27,534	1,132	20.8	125,012	62.5	3.0	6.9	
M00–M99 Diseases of the musculoskeletal system and connective tissue	220,421	92,039	2,263	110.2	723,960	362.0	3.3	4.9	
N00–N99 Diseases of the genitourinary system	154,158	85,460	3,581	77.1	333,778	166.9	2.2	3.6	
O00–O99 Pregnancy, childbirth and the puerperium	140,611	52,678	4,166	70.3	465,918	233.0	3.3	4.7	
P00–P96 Certain conditions originating in the perinatal period	10,425	463	406	5.2	77,448	38.7	7.4	7.7	
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	10,095	5,669	132	5.0	20,446	10.2	2.0	3.3	
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	128,490	80,613	3,142	64.3	264,318	132.2	2.1	3.8	
S00–T98 Injury, poisoning and certain other consequences of external causes	83,527	22,572	3,038	41.8	409,205	204.6	4.9	6.3	
Z00–Z99 Factors influencing health status and contact with health services	537,797	478,596	45,136	268.9	1,136,504	568.3	2.1	11.1	
Not reported	2,074	1,257	2	1.0	8,999	4.5	4.3	9.5	
Total	2,640,697	1,654,303	86,965	1,320.5	7,164,732	3,582.8	2.7	5.6	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: Abbreviation: ALOS—average length of stay.

Table 9.3: Separations^(a), by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99 Certain infectious and parasitic diseases	32,028	17,086	12,845	6,631	6,335	1,260	925	1,894	79,004
C00–D48 Neoplasms	76,784	74,826	43,608	20,882	24,111	5,299	3,674	1,097	250,281
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	16,293	17,471	8,666	5,639	6,538	1,051	1,014	366	57,038
E00–E90 Endocrine, nutritional and metabolic diseases	21,255	22,359	11,761	6,664	9,039	2,006	1,753	1,667	76,504
F00–F99 Mental and behavioural disorders	60,370	39,021	30,051	14,838	16,550	4,420	1,444	1,206	167,900
G00–G99 Diseases of the nervous system	27,257	29,892	13,737	7,354	8,731	1,932	1,041	707	90,651
H00–H59 Diseases of the eye and adnexa	20,101	18,260	8,139	6,183	6,114	391	949	539	60,676
H60–H95 Diseases of the ear and mastoid process	7,668	8,344	6,290	2,977	3,026	339	288	355	29,287
I00–I99 Diseases of the circulatory system	106,004	76,783	50,236	22,986	26,632	6,247	4,875	2,249	296,012
J00–J99 Diseases of the respiratory system	90,143	62,380	42,149	21,953	23,613	4,381	3,018	4,686	252,323
K00–K93 Diseases of the digestive system	119,949	97,043	60,585	32,441	33,959	6,585	5,399	3,546	359,507
L00–L99 Diseases of the skin and subcutaneous tissue	23,195	19,467	14,538	7,001	9,561	1,563	870	1,906	78,101
M00–M99 Diseases of the musculoskeletal system and connective tissue	45,130	42,107	22,803	14,630	14,717	3,986	2,016	1,114	146,503
N00–N99 Diseases of the genitourinary system	65,666	55,092	35,226	16,661	16,816	3,539	2,585	1,922	197,507
O00–O99 Pregnancy, childbirth and the puerperium	103,430	81,384	57,333	23,572	27,727	5,332	4,317	6,019	309,114
P00–P96 Certain conditions originating in the perinatal period	12,094	13,909	7,244	2,452	3,371	565	888	698	41,221
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	7,782	6,667	3,799	1,980	1,872	348	343	196	22,987
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	98,407	83,798	45,174	19,243	23,799	4,548	2,910	2,579	280,458
S00–T98 Injury, poisoning and certain other consequences of external causes	126,803	89,974	71,308	32,318	27,938	6,949	5,265	5,523	366,078
Z00–Z99 Factors influencing health status and contact with health services	263,242	331,614	175,521	100,841	88,660	20,175	25,455	31,812	1,037,320
Not reported	1,934	52	0	0	0	2	0	35	2,023
Total	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Table 9.4: Separations^(a), by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99 Certain infectious and parasitic diseases	2,674	3,096	4,885	1,630	969	n.p.	n.p.	n.p.	13,888
C00–D48 Neoplasms	65,374	58,480	66,143	24,816	21,203	n.p.	n.p.	n.p.	246,835
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	4,572	6,360	6,925	2,616	1,773	n.p.	n.p.	n.p.	23,133
E00–E90 Endocrine, nutritional and metabolic diseases	8,133	9,126	8,342	4,167	3,013	n.p.	n.p.	n.p.	34,647
F00–F99 Mental and behavioural disorders	28,923	43,042	27,079	10,542	3,061	n.p.	n.p.	n.p.	119,159
G00–G99 Diseases of the nervous system	17,979	17,828	14,805	5,911	5,568	n.p.	n.p.	n.p.	64,904
H00–H59 Diseases of the eye and adnexa	45,824	25,777	30,559	10,887	9,502	n.p.	n.p.	n.p.	128,268
H60–H95 Diseases of the ear and mastoid process	6,947	5,283	4,590	3,250	3,104	n.p.	n.p.	n.p.	24,244
I00–I99 Diseases of the circulatory system	43,223	41,068	36,478	13,720	11,771	n.p.	n.p.	n.p.	152,845
J00–J99 Diseases of the respiratory system	19,426	18,590	20,178	10,007	7,822	n.p.	n.p.	n.p.	79,632
K00–K93 Diseases of the digestive system	117,443	115,680	102,526	43,173	30,003	n.p.	n.p.	n.p.	423,937
L00–L99 Diseases of the skin and subcutaneous tissue	10,780	10,776	9,488	4,516	3,949	n.p.	n.p.	n.p.	41,607
M00–M99 Diseases of the musculoskeletal system and connective tissue	61,485	55,206	38,456	30,559	22,862	n.p.	n.p.	n.p.	220,421
N00–N99 Diseases of the genitourinary system	46,409	36,932	34,224	16,550	11,945	n.p.	n.p.	n.p.	154,158
O00–O99 Pregnancy, childbirth and the puerperium	35,462	40,320	34,726	16,633	6,643	n.p.	n.p.	n.p.	140,611
P00–P96 Certain conditions originating in the perinatal period	1,768	3,624	2,213	2,030	362	n.p.	n.p.	n.p.	10,425
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	3,541	2,058	2,053	1,125	730	n.p.	n.p.	n.p.	10,095
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	30,056	37,123	32,013	14,112	9,781	n.p.	n.p.	n.p.	128,490
S00–T98 Injury, poisoning and certain other consequences of external causes	20,386	19,918	20,269	10,580	8,076	n.p.	n.p.	n.p.	83,527
Z00–Z99 Factors influencing health status and contact with health services	141,737	128,505	144,095	63,369	44,074	n.p.	n.p.	n.p.	537,797
Not reported	3	2,014	0	0	0	n.p.	n.p.	n.p.	2,074
Total	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

Table 9.5: Separations^(a), by number of diagnoses^(b) reported and hospital sector, states and territories, 2003–04

Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Number								
Public hospitals									
Separations ^(c)	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495
One diagnosis code only	381,306	358,981	218,096	85,007	113,575	18,809	29,102	9,201	1,214,077
Two diagnosis codes only	383,142	373,897	212,359	128,202	122,892	25,892	16,172	37,971	1,300,527
Three diagnosis codes only	186,140	177,938	107,074	59,305	50,133	12,688	10,065	7,377	610,720
Four diagnosis codes only	118,038	98,967	63,223	31,665	29,338	7,238	5,483	5,047	358,999
Five or more diagnosis codes	254,977	177,694	120,261	63,067	63,171	16,289	8,207	10,485	714,151
Mean diagnosis codes per separation	3.1	2.8	2.9	3.0	2.9	3.2	2.5	2.9	2.9
Maximum number of diagnosis codes	44	40	66	68	27	43	29	38	..
Private hospitals									
Separations ^(c)	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697
One diagnosis code only	277,961	268,988	197,241	100,233	73,617	n.p.	n.p.	n.p.	958,090
Two diagnosis codes only	207,596	210,199	192,319	99,448	67,255	n.p.	n.p.	n.p.	811,707
Three diagnosis codes only	111,040	101,008	112,707	44,918	30,102	n.p.	n.p.	n.p.	417,480
Four diagnosis codes only	54,152	47,008	61,063	19,802	15,163	n.p.	n.p.	n.p.	205,704
Five or more diagnosis codes	61,393	51,589	76,717	25,792	20,074	n.p.	n.p.	n.p.	245,644
Mean diagnosis codes per separation	2.3	2.2	2.6	2.4	2.4	n.p.	n.p.	n.p.	2.4
Maximum number of diagnosis codes	20	34	55	48	25	n.p.	n.p.	n.p.	..
Per cent									
Public hospitals									
One diagnosis code only	28.81	30.23	30.25	23.15	29.96	23.25	42.16	13.13	28.92
Two diagnosis codes only	28.95	31.49	29.45	34.91	32.42	32.00	23.43	54.18	30.98
Three diagnosis codes only	14.06	14.98	14.85	16.15	13.22	15.68	14.58	10.53	14.55
Four diagnosis codes only	8.92	8.33	8.77	8.62	7.74	8.95	7.94	7.20	8.55
Five or more diagnosis codes	19.26	14.96	16.68	17.17	16.66	20.13	11.89	14.96	17.01
Private hospitals									
One diagnosis code only	39.03	39.63	30.82	34.54	35.70	n.p.	n.p.	n.p.	36.31
Two diagnosis codes only	29.15	30.97	30.05	34.27	32.61	n.p.	n.p.	n.p.	30.76
Three diagnosis codes only	15.59	14.88	17.61	15.48	14.60	n.p.	n.p.	n.p.	15.82
Four diagnosis codes only	7.60	6.93	9.54	6.82	7.35	n.p.	n.p.	n.p.	7.80
Five or more diagnosis codes	8.62	7.60	11.99	8.89	9.73	n.p.	n.p.	n.p.	9.31

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Codes reporting external causes of injury and poisoning are not included.

(c) Includes separations for which no diagnosis codes were reported.

Note: The Institute requested up to 50 diagnosis codes to be reported.

.. Not applicable.

n.p. Not published.

Table 9.6: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations for sectors combined, by hospital sector, 1999–00 to 2003–04

Principal Diagnosis	Private hospitals						Public hospitals					
	1999–00	2000–01	2001–02	2002–03	2003–04	Change 1999–00 to 2003–04	1999–00	2000–01	2001–02	2002–03	2003–04	Change 1999–00 to 2003–04
Z49 Care involving dialysis	62,906	84,944	89,196	103,852	134,025	71,119	472,490	500,102	546,863	592,391	628,326	155,836
Z51 Other medical care	94,729	115,662	126,016	139,667	148,922	54,193	127,646	121,627	126,153	137,878	137,182	9,536
E11 Type 2 diabetes mellitus	1,741	9,583	11,917	12,843	14,096	12,355	11,242	22,057	25,736	27,286	30,182	18,940
R07 Pain in throat and chest	13,406	15,687	16,714	18,188	19,597	6,191	47,824	52,579	59,681	63,587	68,760	20,936
Z50 Care involving use of rehabilitation procedures	36,583	41,766	48,738	49,778	55,820	19,237	67,962	69,418	72,345	72,909	74,389	6,427
Z12 Special screening examination for neoplasms	1,053	477	5,151	16,444	18,224	17,171	79	131	2,974	6,566	7,095	7,016
O04 Medical abortion	17,121	19,529	27,195	37,740	38,042	20,921	16,635	16,443	15,672	14,866	13,544	-3,091
Z45 Adjustment and management of implanted device	6,565	9,512	11,791	15,848	21,718	15,153	12,273	12,134	13,777	17,008	20,374	8,101
Z31 Procreative management	8,941	12,490	20,475	25,296	28,686	19,745	2,768	3,576	3,978	3,680	4,613	1,845
K92 Other diseases of digestive system	10,921	15,458	18,867	21,796	23,888	12,967	17,387	18,384	20,606	22,295	24,038	6,651
K01 Embedded and impacted teeth	39,068	43,004	52,153	55,178	55,548	16,480	9,270	7,204	8,286	6,948	8,268	-1,002
H26 Other cataract	55,645	57,889	63,012	67,135	67,996	12,351	31,984	31,506	32,655	35,243	35,548	3,564
N97 Female infertility	18,176	16,662	9,751	6,785	5,726	-12,450	5,859	4,548	3,747	3,451	2,832	-3,027
C44 Other malignant neoplasms of skin	35,171	41,600	45,112	48,587	48,447	13,276	24,272	24,093	24,023	25,695	26,213	1,941
G47 Sleep disorders	17,697	22,325	24,619	27,886	30,800	13,103	11,014	11,180	11,512	11,873	12,611	1,597
F32 Depressive episode	16,422	19,237	22,928	26,583	27,185	10,763	22,823	24,054	23,213	24,549	26,001	3,178
R10 Abdominal and pelvic pain	31,463	36,095	38,227	40,759	40,919	9,456	53,090	56,107	56,901	57,515	56,961	3,871
K52 Other noninfective gastroenteritis and colitis	8,666	10,938	12,072	13,392	13,947	5,281	18,327	19,841	20,185	22,732	25,996	7,669
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	13,291	15,964	20,315	22,202	23,979	10,688	13,840	14,125	15,029	15,390	15,543	1,703
I21 Acute myocardial infarction	6,191	7,286	7,763	8,396	8,591	2,400	29,227	30,386	32,570	35,371	38,294	9,067
Z80 Family history of malignant neoplasm	15,910	20,525	20,590	12,006	10,459	-5,451	6,892	7,486	5,125	2,118	1,582	-5,310
F10 Mental and behavioural disorders due to use of alcohol	7,826	9,262	11,619	12,713	14,435	6,609	16,039	16,749	17,575	18,315	18,992	2,953
M23 Internal derangement of knee	33,586	37,571	39,745	39,983	40,353	6,767	14,062	12,615	12,138	11,684	11,500	-2,562
I20 Angina pectoris	24,570	25,386	25,023	24,354	23,305	-1,265	66,378	63,354	62,000	58,858	58,603	-7,775
J44 Other chronic obstructive pulmonary disease	7,749	9,191	8,443	9,105	9,025	1,276	36,412	40,139	41,836	43,207	44,082	7,670
M17 Gonarthrosis [arthrosis of knee]	21,786	23,219	26,686	28,076	29,379	7,593	13,517	12,909	13,442	14,296	14,857	1,340
K21 Gastro-oesophageal reflux disease	34,692	42,587	37,820	37,752	37,200	2,508	26,243	26,188	21,868	20,615	19,873	-6370
D12 Benign neoplasm of colon, rectum, anus and anal canal	20,733	24,724	24,444	27,680	28,392	7,659	8,903	9,383	9,271	10,348	10,029	1,126
Z08 Follow-up examination after treatment for malignant neoplasms	15,861	17,314	19,589	21,461	22,718	-1,100	16,132	16,846	16,944	17,714	17,681	-6,887
K02 Dental caries	10,190	11,998	14,309	15,638	16,638	6,448	12,433	11,649	13,489	12,331	13,980	1,547

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Notes 1. Principal diagnoses have been ordered by the sum of the absolute values of the changes in the number of separations in the public and private sectors between 1999–00 and 2003–04.

2. The apparent increase for O04 *Medical abortion* in the private sector would have been affected by the registration of relevant facilities as hospitals for the first time in Queensland in 2001 and in Victoria in 2002–03. These facilities had previously been categorised as non-hospital facilities and were therefore out of scope for the National Hospital Morbidity Database.

Table 9.7: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations, by patient election status, 1999-00 to 2003-04

Principal Diagnosis	Private patients						Public patients					
	1999-00	2000-01	2001-02	2002-03	2003-04	Change 1999-00 to 2003-04	1999-00	2000-01	2001-02	2002-03	2003-04	Change 1999-00 to 2003-04
Z49 Care involving dialysis	99,631	115,882	120,084	139,932	166,009	66,378	433,710	468,179	515,557	556,009	595,990	162,280
Z51 Other medical care	106,933	122,935	133,729	149,742	158,649	51,716	115,148	112,202	117,875	126,913	126,654	11,506
E11 Type 2 diabetes mellitus	2,948	11,902	14,381	15,535	17,609	14,661	9,982	19,595	23,051	24,448	26,636	16,654
R07 Pain in throat and chest	17,981	20,795	22,524	24,455	26,855	8,874	43,044	47,252	53,523	57,015	61,381	18,337
Z50 Care involving use of rehabilitation procedures	45,134	50,575	58,771	60,659	67,466	22,332	59,190	59,983	62,240	61,909	62,723	3,533
Z12 Special screening examination for neoplasms	933	500	5,290	16,851	18,808	17,875	197	107	2,835	6,112	6,510	6,313
O04 Medical abortion	18,011	22,025	29,331	38,960	39,277	21,266	13,947	13,920	13,279	13,242	11,391	-2,556
Z45 Adjustment and management of implanted device	7,660	10,578	13,021	17,535	24,106	16,446	11,130	11,030	12,432	15,231	17,964	6,834
Z31 Procreative management	10,942	14,647	22,568	26,835	31,229	20,287	743	1,318	1,156	1,483	2,020	1,277
K92 Other diseases of digestive system	12,661	17,384	20,889	24,063	26,687	14,026	15,559	16,354	18,368	19,831	21,223	5,664
K01 Embedded and impacted teeth	42,214	44,911	54,309	58,021	59,051	16,837	5,864	4,798	5,410	3,989	4,758	-1,106
H26 Other cataract	60,825	62,736	67,163	72,352	74,715	13,890	25,955	25,912	26,873	29,463	28,813	2,858
N97 Female infertility	19,911	18,014	10,893	7,948	6,269	-13,642	4,030	3,094	2,440	2,255	2,282	-1,748
C44 Other malignant neoplasms of skin	37,776	43,626	47,179	51,222	51,485	13,709	21,525	21,333	21,341	22,809	23,174	1,649
G47 Sleep disorders	18,013	22,651	24,743	28,481	31,962	13,949	10,668	10,628	10,831	11,034	11,437	769
F32 Depressive episode	17,468	20,776	24,630	28,335	29,887	12,419	21,100	22,277	21,038	22,108	23,289	2,189
R10 Abdominal and pelvic pain	34,601	39,818	41,936	44,738	45,454	10,853	49,585	52,064	52,553	53,118	52,280	2,695
K52 Other noninfective gastroenteritis and colitis	10,188	12,789	13,859	15,358	16,696	6,508	16,684	17,865	18,198	20,613	23,182	6,498
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	14,425	17,086	21,440	23,428	25,438	11,013	12,673	12,933	13,731	14,092	14,077	1,404
I21 Acute myocardial infarction	10,485	12,089	12,826	13,865	14,828	4,343	24,718	25,404	27,218	29,695	31,912	7,194
Z80 Family history of malignant neoplasm	16,277	20,922	20,855	12,176	10,664	-5,613	6,489	7,032	4,580	1,911	1,377	-5,112
M23 Internal derangement of knee	34,290	37,859	40,311	40,874	41,573	7,283	13,082	11,696	11,173	10,644	10,268	-2,814
F10 Mental and behavioural disorders due to use of alcohol	8,208	9,156	12,057	13,063	15,143	6,935	15,396	16,203	16,987	17,668	18,265	2,869
K21 Gastro-oesophageal reflux disease	36,485	44,303	39,582	39,498	39,295	2,810	24,318	24,167	19,720	18,679	17,758	-6,560
M17 Gonarthrosis [arthrosis of knee]	22,299	23,447	26,898	28,653	30,397	8,098	12,794	12,268	12,908	13,660	13,835	1,041
J44 Other chronic obstructive pulmonary disease	13,232	15,225	14,660	15,408	15,902	2,670	30,837	33,891	35,452	36,796	37,198	6,361
I20 Angina pectoris	34,545	35,009	34,229	33,205	32,168	-2,377	56,119	53,263	52,344	49,666	49,639	-6,480
D12 Benign neoplasm of colon, rectum, anus and anal canal	21,334	25,191	25,099	28,396	29,277	7,943	8,249	8,794	8,491	9,580	9,141	892
Z08 Follow-up examination after treatment for malignant neoplasms	16,990	18,492	20,541	22,509	23,996	7,006	14,964	15,517	15,749	16,545	16,392	1,428
K02 Dental caries	11,774	13,403	15,604	17,309	18,238	6,464	10,774	10,098	11,948	10,647	12,367	1,593

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Notes: 1. Principal diagnoses have been ordered by the sum of the absolute values of the changes in the number of separations for public and private patients between 1999-00 and 2003-04.

2. The apparent increase for O04 *Medical abortion* for private patients would have been affected by the registration of relevant facilities as hospitals for the first time in Queensland in 2001 and in Victoria in 2002-03. These facilities had previously been categorised as non-hospital facilities and were therefore out of scope for the National Hospital Morbidity Database.

Table 9.8: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, public hospitals, Australia, 2003–04

Principal diagnosis	Separations	Separations per 10,000		Patient days per 10,000		ALOS (days)
		Public patient separations	population ^(b)	Patient days	population ^(b)	
Z50 Care involving use of rehabilitation procedures	51,259	40,104	25.6	1,238,391	619.3	24.2
I20 Angina pectoris	46,807	39,077	23.4	179,494	89.8	3.8
J18 Pneumonia, organism unspecified	43,953	36,809	22.0	274,739	137.4	6.3
R07 Pain in throat and chest	41,440	35,567	20.7	82,850	41.4	2.0
J44 Other chronic obstructive pulmonary disease	40,549	33,782	20.3	300,119	150.1	7.4
O70 Perineal laceration during delivery	34,405	31,599	17.2	105,912	53.0	3.1
I21 Acute myocardial infarction	33,704	27,482	16.9	213,133	106.6	6.3
K80 Cholelithiasis	30,433	27,271	15.2	106,096	53.1	3.5
I50 Heart failure	29,380	23,586	14.7	239,523	119.8	8.2
R10 Abdominal and pelvic pain	27,745	24,535	13.9	67,946	34.0	2.4
L03 Cellulitis	24,190	20,933	12.1	144,903	72.5	6.0
O80 Single spontaneous delivery	24,164	23,047	12.1	58,927	29.5	2.4
J45 Asthma	23,296	21,226	11.6	57,616	28.8	2.5
F20 Schizophrenia	22,867	22,540	11.4	611,389	305.7	26.7
N39 Other disorders of urinary system	22,521	19,090	11.3	124,139	62.1	5.5
S52 Fracture of forearm	20,324	16,439	10.2	49,478	24.7	2.4
S72 Fracture of femur	19,862	14,828	9.9	236,285	118.2	11.9
Z75 Problems related to medical facilities and other health care	19,341	16,059	9.7	817,903	409.0	42.3
I48 Atrial fibrillation and flutter	18,448	14,653	9.2	76,538	38.3	4.1
E11 Type 2 diabetes mellitus	18,257	16,002	9.1	177,481	88.8	9.7
F32 Depressive episode	17,037	15,725	8.5	183,775	91.9	10.8
T81 Complications of procedures, not elsewhere classified	16,753	14,038	8.4	115,147	57.6	6.9
S82 Fracture of lower leg, including ankle	16,344	12,171	8.2	102,536	51.3	6.3
K35 Acute appendicitis	15,093	12,920	7.5	51,615	25.8	3.4
K52 Other noninfective gastroenteritis and colitis	14,972	12,710	7.5	52,315	26.2	3.5
K40 Inguinal hernia	14,082	12,052	7.0	25,728	12.9	1.8
F10 Mental and behavioural disorders due to use of alcohol	13,771	13,204	6.9	77,285	38.6	5.6
P07 Disorders related to short gestation and low birth weight, not elsewhere classified	13,682	12,167	6.8	256,411	128.2	18.7
R55 Syncope and collapse	13,496	10,740	6.7	45,437	22.7	3.4
K56 Paralytic ileus and intestinal obstruction without hernia	13,062	10,443	6.5	88,274	44.1	6.8
Other	1,400,739	1,199,892	700.4	8,152,164	4,076.5	5.8
Not reported	1,355	1,123	0.7	47,745	23.9	35.2
Total	2,143,331	1,831,814	1,071.8	14,361,294	7,181.4	6.7

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <<http://www.aihw.gov.au/>>.

Abbreviation: ALOS—average length of stay.

Table 9.9: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, private hospitals, Australia, 2003–04

Principal diagnosis		Separations	Public patient separations	Separations	Patient days	Patient days	ALOS (days)
				per 10,000 population ^(b)		per 10,000 population ^(b)	
G47	Sleep disorders	29,079	211	14.5	33,732	16.9	1.2
Z50	Care involving use of rehabilitation procedures	27,318	761	13.7	472,187	236.1	17.3
M17	Gonarthrosis [arthrosis of knee]	20,491	272	10.2	147,336	73.7	7.2
K40	Inguinal hernia	20,473	316	10.2	34,000	17.0	1.7
I20	Angina pectoris	19,658	385	9.8	86,042	43.0	4.4
K80	Cholelithiasis	18,569	650	9.3	50,422	25.2	2.7
M75	Shoulder lesions	16,485	140	8.2	31,137	15.6	1.9
O70	Perineal laceration during delivery	14,436	381	7.2	62,938	31.5	4.4
J35	Chronic diseases of tonsils and adenoids	14,115	176	7.1	15,376	7.7	1.1
I25	Chronic ischaemic heart disease	12,160	20	6.1	46,922	23.5	3.9
R07	Pain in throat and chest	12,040	517	6.0	28,292	14.1	2.3
M16	Coxarthrosis [arthrosis of hip]	11,623	149	5.8	98,704	49.4	8.5
M23	Internal derangement of knee	10,372	61	5.2	15,693	7.8	1.5
O34	Maternal care for known or suspected abnormality of pelvic organs	10,024	261	5.0	53,675	26.8	5.4
J18	Pneumonia, organism unspecified	9,676	400	4.8	79,084	39.5	8.2
M51	Other intervertebral disc disorders	9,294	96	4.6	53,235	26.6	5.7
C50	Malignant neoplasm of breast	9,214	114	4.6	38,780	19.4	4.2
N40	Hyperplasia of prostate	9,121	190	4.6	35,206	17.6	3.9
I50	Heart failure	9,010	303	4.5	88,501	44.3	9.8
J44	Other chronic obstructive pulmonary disease	8,833	575	4.4	90,471	45.2	10.2
N81	Female genital prolapse	8,781	129	4.4	37,660	18.8	4.3
J34	Other disorders of nose and nasal sinuses	8,552	85	4.3	10,361	5.2	1.2
I83	Varicose veins of lower extremities	8,365	82	4.2	17,633	8.8	2.1
R10	Abdominal and pelvic pain	8,248	321	4.1	27,086	13.5	3.3
T81	Complications of procedures, not elsewhere classified	8,219	175	4.1	51,929	26.0	6.3
N39	Other disorders of urinary system	8,190	275	4.1	43,271	21.6	5.3
H26	Other cataract	7,990	21	4.0	8,975	4.5	1.1
C44	Other malignant neoplasms of skin	7,925	86	4.0	27,835	13.9	3.5
C61	Malignant neoplasm of prostate	7,766	140	3.9	48,270	24.1	6.2
I21	Acute myocardial infarction	7,669	309	3.8	51,480	25.7	6.7
	Other	611,881	17,437	306.0	3,616,454	1,808.4	5.9
	Not reported	817	1	0.4	7,742	3.9	9.5
Total		986,394	25,039	493.3	5,510,429	2,755.5	5.6

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <<http://www.aihw.gov.au/>>.

Abbreviation: ALOS—average length of stay.

Table 9.10: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, public hospitals, Australia, 2003–04

Principal diagnosis		Separations	Public patient separations	Separations per 10,000 population^(b)
Z49	Care involving dialysis	626,719	557,741	313.4
Z51	Other medical care	135,821	120,917	67.9
H26	Other cataract	33,415	25,619	16.7
R10	Abdominal and pelvic pain	29,216	26,994	14.6
R07	Pain in throat and chest	27,320	24,885	13.7
Z50	Care involving use of rehabilitation procedures	23,130	21,856	11.6
C44	Other malignant neoplasms of skin	21,134	18,493	10.6
Z45	Adjustment and management of implanted device	18,869	16,460	9.4
Z08	Follow-up examination after treatment for malignant neoplasms	16,798	15,255	8.4
K21	Gastro-oesophageal reflux disease	14,983	13,226	7.5
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	14,791	13,240	7.4
K92	Other diseases of digestive system	14,574	13,115	7.3
Z30	Contraceptive management	13,373	12,144	6.7
K02	Dental caries	13,281	11,694	6.6
K29	Gastritis and duodenitis	13,236	11,833	6.6
O04	Medical abortion	12,427	10,313	6.2
E11	Type 2 diabetes mellitus	11,925	10,057	6.0
I20	Angina pectoris	11,796	10,010	5.9
G56	Mononeuropathies of upper limb	11,129	9,923	5.6
K52	Other noninfective gastroenteritis and colitis	11,024	10,157	5.5
Z47	Other orthopaedic follow-up care	10,171	8,768	5.1
M54	Dorsalgia	9,595	8,342	4.8
O47	False labour	9,563	9,186	4.8
S01	Open wound of head	9,496	8,345	4.7
F32	Depressive episode	8,964	7,396	4.5
N92	Excessive, frequent and irregular menstruation	8,962	8,058	4.5
S52	Fracture of forearm	8,879	7,847	4.4
M23	Internal derangement of knee	8,694	7,564	4.3
I84	Haemorrhoids	8,573	7,680	4.3
N87	Dysplasia of cervix uteri	8,301	7,650	4.2
	Other	890,337	779,180	445.2
	Not reported	668	606	0.3
Total		2,057,164	1,814,554	1,028.7

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <<http://www.aihw.gov.au/>>.

Table 9.11: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, private hospitals, Australia, 2003–04

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population^(b)
Z51 Other medical care	148,145	4,518	74.1
Z49 Care involving dialysis	133,685	36,770	66.8
H26 Other cataract	60,006	1,534	30.0
K01 Embedded and impacted teeth	53,225	42	26.6
C44 Other malignant neoplasms of skin	40,522	395	20.3
O04 Medical abortion	37,742	70	18.9
K21 Gastro-oesophageal reflux disease	35,018	322	17.5
R10 Abdominal and pelvic pain	32,671	430	16.3
M23 Internal derangement of knee	29,981	199	15.0
H25 Senile cataract	28,877	600	14.4
Z50 Care involving use of rehabilitation procedures	28,502	2	14.3
Z31 Procreative management	28,153	461	14.1
K29 Gastritis and duodenitis	26,257	262	13.1
D12 Benign neoplasm of colon, rectum, anus and anal canal	26,083	340	13.0
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	23,286	198	11.6
K57 Diverticular disease of intestine	21,585	206	10.8
Z08 Follow-up examination after treatment for malignant neoplasms	21,499	356	10.8
I84 Haemorrhoids	20,946	181	10.5
K92 Other diseases of digestive system	20,937	243	10.5
F32 Depressive episode	20,759	48	10.4
Z45 Adjustment and management of implanted device	19,997	219	10.0
K63 Other diseases of intestine	18,760	169	9.4
Z12 Special screening examination for neoplasms	18,092	304	9.0
G56 Mononeuropathies of upper limb	16,210	191	8.1
K02 Dental caries	15,907	58	8.0
F33 Recurrent depressive disorder	15,574	0	7.8
K22 Other diseases of oesophagus	13,466	82	6.7
Z30 Contraceptive management	12,679	156	6.3
M54 Dorsalgia	12,243	198	6.1
K62 Other diseases of anus and rectum	12,221	147	6.1
Other	660,018	13,224	330.0
Not reported	1,257	1	0.6
Total	1,654,303	61,926	827.2

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <<http://www.aihw.gov.au/>>.

Table 9.12: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia^(b), 2003-04

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population^(c)
Z49 Care involving dialysis	36,901	36,901	13,123	18.5
O04 Medical abortion	35,749	35,749	3	17.9
Z51 Other medical care	33,658	33,658	510	16.8
H25 Senile cataract	23,867	23,867	251	11.9
H26 Other cataract	21,955	21,955	135	11.0
C44 Other malignant neoplasms of skin	17,800	17,799	148	8.9
K21 Gastro-oesophageal reflux disease	14,358	14,358	0	7.2
R10 Abdominal and pelvic pain	13,774	13,774	0	6.9
K29 Gastritis and duodenitis	12,454	12,454	0	6.2
Z31 Procreative management	12,094	12,094	458	6.0
D12 Benign neoplasm of colon, rectum, anus and anal canal	10,305	10,305	0	5.2
K01 Embedded and impacted teeth	10,195	10,192	0	5.1
K57 Diverticular disease of intestine	9,290	9,290	0	4.6
I84 Haemorrhoids	9,172	9,172	0	4.6
K63 Other diseases of intestine	8,380	8,380	0	4.2
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	7,702	7,702	0	3.9
Z12 Special screening examination for neoplasms	7,191	7,191	0	3.6
K44 Diaphragmatic hernia	6,515	6,515	0	3.3
K92 Other diseases of digestive system	6,072	6,072	0	3.0
K62 Other diseases of anus and rectum	5,676	5,676	29	2.8
K30 Dyspepsia	5,569	5,568	0	2.8
K22 Other diseases of oesophagus	5,277	5,277	1	2.6
K02 Dental caries	4,992	4,989	0	2.5
Z08 Follow-up examination after treatment for malignant neoplasms	4,387	4,387	0	2.2
R19 Other symptoms and signs involving the digestive system and abdomen	4,322	4,321	0	2.2
Z41 Procedures for purposes other than remedying health state	4,320	4,320	2	2.2
K59 Other functional intestinal disorders	4,152	4,152	0	2.1
Z80 Family history of malignant neoplasm	4,081	4,081	0	2.0
H02 Other disorders of eyelid	3,996	3,996	1	2.0
K58 Irritable bowel syndrome	3,945	3,945	0	2.0
Other	137,303	134,217	1,721	68.7
Not reported	934	934	0	0.5
Total	486,386	483,291	16,382	243.2

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes separations from private free-standing day hospitals in Tasmania.

(c) Crude rate based on Australian population as at 31 December 2003.

Table 9.13: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2003–04

Principal diagnosis		Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)		ALOS (days) excluding same day
							ALOS (days)	ALOS (days)	
A00–B99	Infectious and parasitic diseases	0	0	0	0	0	0.0	0.0	0.0
C00–D48	Neoplasms	0	0	0	0	0	0.0	0.0	0.0
D50–D89	Disorder of blood and blood-forming organs and immune mechanism	0	0	0	0	0	0.0	0.0	0.0
E00–E90	Endocrine, nutritional and metabolic diseases	0	0	0	0	0	0.0	0.0	0.0
F00–F03	Dementia	555	6	514	0	108,813	54.4	196.1	198.2
F04–F09	Other organic mental disorders	155	4	148	0	18,113	9.1	116.9	119.9
F10	Mental, behavioural disorders due to use of alcohol	869	78	868	0	18,542	9.3	21.3	23.3
F11–F19	Mental, behavioural disorders due to other psychoactive substance use	1,312	40	1,308	1	9,824	4.9	7.5	7.7
F20	Schizophrenia	3,520	42	3,460	2	235,388	117.7	66.9	67.7
F21–F29	Other schizotypal, delusional disorders	1,836	108	1,806	1	53,250	26.6	29.0	30.8
F30	Manic episode	78	0	78	0	1,376	0.7	17.6	17.6
F31	Bipolar affective disorder	1,330	127	1,321	1	37,743	18.9	28.4	31.3
F32–F33	Depressive episode or disorder	1,605	375	1,586	1	27,278	13.6	17.0	21.9
F34–F39	Other mood (affective) disorders	193	29	192	0	1,723	0.9	8.9	10.3
F40–F48	Neurotic, stress-related and somatoform disorders	1,821	453	1,812	1	12,648	6.3	6.9	8.9
F50	Eating disorders	54	35	54	0	756	0.4	14.0	37.9
F51–F59	Other behavioural syndromes associated with physiological disturbances, physical factors	35	0	35	0	605	0.3	17.3	17.3
F60–F69	Disorders of adult personality and behaviour	808	138	694	0	12,941	6.5	16.0	19.1
F70–F79	Mental retardation	32	0	32	0	29,174	14.6	911.7	911.7
F80–F89	Disorders of psychological development	122	82	122	0	989	0.5	8.1	22.7
F90–F98	Disorders with onset usually occurring in childhood, adolescence	1,423	1,281	1,416	1	5,036	2.5	3.5	26.4
F99	Unspecified mental disorder	10	2	10	0	124	0.1	12.4	15.3
G00–G99	Diseases of the nervous system	190	1	183	0	21,015	10.5	110.6	111.2
H00–H95	Diseases of eye, adnexa, ear and mastoid process	0	0	0	0	0	0.0	0.0	0.0
I00–I99	Diseases of circulatory system	4	0	4	0	65	0.0	16.3	16.3
J00–L99	Diseases of respiratory/digestive system, skin & subcutaneous tissue	0	0	0	0	0	0.0	0.0	0.0
M00–M99	Diseases of musculoskeletal and connective tissue	1	0	1	0	1	0.0	1.0	0.0
N00–N99	Diseases of genitourinary system	0	0	0	0	0	0.0	0.0	0.0
O00–O99	Pregnancy, childbirth and the puerperium	6	0	6	0	37	0.0	6.2	6.2
P00–P96	Certain diseases originating in the perinatal period	0	0	0	0	0	0.0	0.0	0.0
Q00–Q99	Congenital abnormalities	0	0	0	0	0	0.0	0.0	0.0
R00–R99	Signs, symptoms and abnormal findings not elsewhere classified	23	1	23	0	423	0.2	18.4	19.2
S00–T98	Injury, poisoning and other consequences of external causes	3	0	2	0	87	0.0	29.0	29.0
Z03.2, Z81, Z86.5	Observation, personal, family history of mental and behavioural disorders	0	0	0	0	0	0.0	0.0	0.0
Z00–Z99 ^(c)	Other reasons for contact with health services	1,356	345	1,355	1	135,372	67.7	99.8	133.6
	Not reported	120	18	120	0	8,852	4.4	73.8	86.6
Total		17,461	3,165	17,150	9	740,175	370.1	42.4	51.6

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

(c) Excluding Z03.2, Z81 and Z86.5.

Note: Abbreviation: ALOS—average length of stay.

Table 9.14: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	177,288	192,522	96,803	62,367	42,867	12,753	15,905	27,821	628,326
Z51 Other medical care	4,617	58,306	28,189	18,073	18,446	2,759	5,571	1,221	137,182
Z50 Care involving use of rehabilitation procedures	24,052	24,429	14,804	4,284	4,491	837	836	656	74,389
R07 Pain in throat and chest	25,434	18,417	11,781	4,419	6,199	1,140	614	756	68,760
I20 Angina pectoris	20,015	15,178	10,774	4,649	5,030	1,446	969	542	58,603
R10 Abdominal and pelvic pain	19,514	17,806	9,366	4,124	4,051	945	692	463	56,961
J18 Pneumonia, organism unspecified	17,276	12,444	7,523	3,639	3,960	840	728	1,400	47,810
J44 Other chronic obstructive pulmonary disease	17,118	10,627	7,073	3,457	3,841	1,022	338	606	44,082
I21 Acute myocardial infarction	14,587	9,583	7,050	2,615	2,945	740	470	304	38,294
K80 Cholelithiasis	13,167	9,160	6,303	2,601	3,115	783	558	306	35,993
H26 Other cataract	11,771	11,084	5,071	3,236	3,283	128	650	325	35,548
O70 Perineal laceration during delivery	15,655	6,494	6,588	2,157	2,835	467	790	427	35,413
I50 Heart failure	11,626	8,930	4,984	2,536	2,897	600	377	233	32,183
E11 Type 2 diabetes mellitus	7,711	9,317	4,193	2,838	4,040	682	354	1,047	30,182
J45 Asthma	9,509	8,113	5,152	2,789	2,843	347	318	365	29,436
S52 Fracture of forearm	11,318	6,771	5,293	2,319	1,961	473	546	522	29,203
N39 Other disorders of urinary system	10,715	7,399	5,101	2,460	2,277	471	336	275	29,034
L03 Cellulitis	9,306	6,710	4,992	2,316	1,910	422	382	588	26,626
C44 Other malignant neoplasms of skin	6,447	6,304	7,004	2,084	3,610	479	169	116	26,213
F20 Schizophrenia	7,959	6,772	5,606	2,136	2,475	723	230	205	26,106
F32 Depressive episode	9,000	6,593	4,726	2,015	2,683	725	125	134	26,001
K52 Other noninfective gastroenteritis and colitis	8,631	7,538	4,328	2,022	2,624	388	306	159	25,996
O80 Single spontaneous delivery	9,689	4,113	7,027	1,878	1,784	437	418	484	25,830
I48 Atrial fibrillation and flutter	9,608	6,401	3,929	2,046	2,083	563	417	157	25,204
K92 Other diseases of digestive system	9,139	6,406	3,775	1,797	2,020	335	326	240	24,038
S72 Fracture of femur	8,531	5,583	3,454	1,782	1,814	451	351	150	22,116
T81 Complications of procedures, not elsewhere classified	6,779	5,354	3,759	1,929	1,691	443	270	297	20,522
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	6,805	5,421	3,834	1,667	1,738	228	206	511	20,410
Z45 Adjustment and management of implanted device	1,685	8,232	5,066	1,453	1,997	922	929	90	20,374
R55 Syncope and collapse	7,569	5,834	3,286	1,141	1,962	307	138	130	20,367
Other	811,080	679,636	424,179	214,417	235,637	48,060	34,710	29,551	2,477,270
Not reported	1,934	52	0	0	0	2	0	35	2,023
Total	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Table 9.15: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	29,355	37,758	44,559	17,644	12,996	n.p.	n.p.	n.p.	148,922
Z49 Care involving dialysis	21,693	26,873	42,266	26,643	16,536	n.p.	n.p.	n.p.	134,025
H26 Other cataract	28,982	12,339	11,888	6,118	4,584	n.p.	n.p.	n.p.	67,996
Z50 Care involving use of rehabilitation procedures	29,648	10,656	11,819	1,468	1,944	n.p.	n.p.	n.p.	55,820
K01 Embedded and impacted teeth	15,697	14,951	10,527	8,154	4,085	n.p.	n.p.	n.p.	55,548
C44 Other malignant neoplasms of skin	13,982	8,794	14,018	4,146	5,350	n.p.	n.p.	n.p.	48,447
R10 Abdominal and pelvic pain	9,878	12,877	10,454	4,297	2,182	n.p.	n.p.	n.p.	40,919
M23 Internal derangement of knee	12,176	9,821	6,786	4,799	4,492	n.p.	n.p.	n.p.	40,353
O04 Medical abortion	7,834	14,361	12,714	2,748	220	n.p.	n.p.	n.p.	38,042
K21 Gastro-oesophageal reflux disease	9,187	9,891	9,920	3,949	3,010	n.p.	n.p.	n.p.	37,200
G47 Sleep disorders	9,800	9,194	6,449	1,570	2,678	n.p.	n.p.	n.p.	30,800
H25 Senile cataract	6,164	7,587	11,579	1,851	2,286	n.p.	n.p.	n.p.	29,962
M17 Gonarthrosis [arthrosis of knee]	9,205	6,798	4,972	3,435	3,407	n.p.	n.p.	n.p.	29,379
Z31 Procreative management	9,632	7,809	6,964	830	1,887	n.p.	n.p.	n.p.	28,686
D12 Benign neoplasm of colon, rectum, anus and anal canal	9,482	5,556	7,522	3,114	2,014	n.p.	n.p.	n.p.	28,392
K29 Gastritis and duodenitis	8,770	8,288	6,249	2,159	1,412	n.p.	n.p.	n.p.	27,410
F32 Depressive episode	5,721	10,712	6,504	2,360	410	n.p.	n.p.	n.p.	27,185
K57 Diverticular disease of intestine	6,571	7,530	8,035	2,155	1,525	n.p.	n.p.	n.p.	26,504
I84 Haemorrhoids	8,514	7,209	5,093	2,578	1,664	n.p.	n.p.	n.p.	25,917
K40 Inguinal hernia	7,973	5,514	5,317	2,640	1,769	n.p.	n.p.	n.p.	24,593
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	8,333	5,862	5,622	2,225	1,383	n.p.	n.p.	n.p.	23,979
K92 Other diseases of digestive system	7,574	5,847	6,148	1,689	1,757	n.p.	n.p.	n.p.	23,888
I20 Angina pectoris	6,373	6,624	5,657	2,268	1,432	n.p.	n.p.	n.p.	23,305
Z08 Follow-up examination after treatment for malignant neoplasms	7,805	5,897	4,695	2,071	1,317	n.p.	n.p.	n.p.	22,718
Z45 Adjustment and management of implanted device	2,105	9,451	6,223	1,381	1,454	n.p.	n.p.	n.p.	21,718
I25 Chronic ischaemic heart disease	8,250	4,194	4,563	1,156	1,451	n.p.	n.p.	n.p.	20,588
F33 Recurrent depressive disorder	3,612	9,308	3,144	2,363	838	n.p.	n.p.	n.p.	20,135
K63 Other diseases of intestine	6,485	5,143	5,472	1,280	909	n.p.	n.p.	n.p.	19,676
R07 Pain in throat and chest	3,490	5,543	5,371	2,153	2,285	n.p.	n.p.	n.p.	19,597
M54 Dorsalgia	4,599	4,291	2,799	3,791	2,484	n.p.	n.p.	n.p.	19,390
Other	393,252	382,114	346,718	167,158	116,450	n.p.	n.p.	n.p.	1,477,529
Not reported	3	2,014	0	0	0	n.p.	n.p.	n.p.	2,074
Total	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

Table 9.16: Average length of stay^(a) (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49	Care involving dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z51	Other medical care	1.4	1.0	1.1	1.0	1.1	1.0	1.0	1.1	1.1
Z50	Care involving use of rehabilitation procedures	17.3	16.9	9.3	29.3	28.2	30.0	15.1	5.4	17.0
R07	Pain in throat and chest	1.8	1.4	1.6	1.5	1.6	1.8	1.3	2.0	1.6
I20	Angina pectoris	3.7	3.0	2.9	2.9	3.1	4.1	3.1	3.7	3.3
R10	Abdominal and pelvic pain	1.8	1.5	1.7	1.9	1.8	2.0	1.6	2.0	1.7
J18	Pneumonia, organism unspecified	6.1	6.0	5.3	5.4	5.9	6.4	5.7	5.0	5.8
J44	Other chronic obstructive pulmonary disease	7.1	6.7	6.3	7.4	6.8	8.0	7.0	6.1	6.9
I21	Acute myocardial infarction	6.0	5.6	5.2	5.4	5.8	5.1	4.6	7.1	5.7
K80	Cholelithiasis	3.3	3.1	2.7	3.6	2.8	2.8	2.9	4.1	3.1
H26	Other cataract	1.0	1.0	1.0	1.0	1.0	1.1	1.0	1.1	1.0
O70	Perineal laceration during delivery	3.1	3.0	2.7	3.3	3.3	3.8	2.7	3.4	3.0
I50	Heart failure	8.3	7.1	6.9	7.0	7.2	8.2	7.8	6.6	7.5
E11	Type 2 diabetes mellitus	7.3	5.9	7.2	5.9	4.6	6.4	5.9	6.0	6.3
J45	Asthma	2.2	2.0	2.0	2.2	2.3	2.8	2.6	2.7	2.2
S52	Fracture of forearm	1.9	2.1	1.7	2.2	2.2	2.6	2.2	2.8	2.0
N39	Other disorders of urinary system	4.8	4.4	4.1	4.3	4.8	4.3	3.8	4.5	4.5
L03	Cellulitis	5.7	6.2	5.0	4.8	4.9	5.9	5.5	4.6	5.5
C44	Other malignant neoplasms of skin	2.3	1.9	1.5	1.9	1.5	1.8	3.4	2.2	1.9
F20	Schizophrenia	30.5	19.0	22.4	27.2	15.0	22.0	17.3	14.2	23.5
F32	Depressive episode	7.1	6.9	7.1	9.2	8.6	7.6	9.4	8.4	7.4
K52	Other noninfective gastroenteritis and colitis	2.7	2.3	2.2	2.5	2.4	3.2	2.2	2.6	2.4
O80	Single spontaneous delivery	2.4	2.5	2.0	2.6	2.4	3.6	2.1	2.7	2.3
I48	Atrial fibrillation and flutter	3.6	3.3	3.0	2.6	3.3	3.6	2.6	3.7	3.3
K92	Other diseases of digestive system	2.6	2.1	2.1	2.1	2.0	2.6	2.5	2.3	2.3
S72	Fracture of femur	10.6	11.6	10.6	9.5	10.8	10.6	11.3	14.3	10.8
T81	Complications of procedures, not elsewhere classified	5.9	6.6	5.2	5.0	5.3	4.2	7.0	5.2	5.8
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	2.2	2.1	1.8	2.2	2.3	2.0	2.9	2.3	2.1
Z45	Adjustment and management of implanted device	1.3	1.1	1.0	1.1	1.2	1.1	1.0	1.1	1.1
R55	Syncope and collapse	2.6	2.5	2.5	2.7	2.7	2.7	2.7	3.6	2.6
	Other	4.5	3.9	4.0	4.2	4.4	4.7	4.5	4.5	4.2
Total		4.4	3.6	3.6	3.9	4.1	4.4	3.4	3.0	3.9

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Table 9.17: Average length of stay^(a) (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	1.1	1.0	1.0	1.0	1.1	n.p.	n.p.	n.p.	1.0
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
H26 Other cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z50 Care involving use of rehabilitation procedures	6.6	15.8	5.8	21.3	14.4	n.p.	n.p.	n.p.	9.0
K01 Embedded and impacted teeth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C44 Other malignant neoplasms of skin	1.5	1.4	1.4	1.7	1.2	n.p.	n.p.	n.p.	1.4
R10 Abdominal and pelvic pain	1.3	1.4	1.6	1.6	1.7	n.p.	n.p.	n.p.	1.5
M23 Internal derangement of knee	1.1	1.2	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
O04 Medical abortion	1.0	1.0	1.0	1.0	1.1	n.p.	n.p.	n.p.	1.0
K21 Gastro-oesophageal reflux disease	1.1	1.2	1.2	1.2	1.1	n.p.	n.p.	n.p.	1.1
G47 Sleep disorders	1.0	1.4	1.0	1.5	1.0	n.p.	n.p.	n.p.	1.2
H25 Senile cataract	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
M17 Gonarthrosis [arthrosis of knee]	5.4	4.9	5.9	6.5	4.0	n.p.	n.p.	n.p.	5.3
Z31 Procreative management	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
D12 Benign neoplasm of colon, rectum, anus and anal canal	1.2	1.4	1.3	1.3	1.3	n.p.	n.p.	n.p.	1.3
K29 Gastritis and duodenitis	1.1	1.1	1.2	1.3	1.2	n.p.	n.p.	n.p.	1.1
F32 Depressive episode	6.6	3.3	6.3	5.7	11.2	n.p.	n.p.	n.p.	5.1
K57 Diverticular disease of intestine	1.6	1.8	2.0	2.7	2.3	n.p.	n.p.	n.p.	1.9
I84 Haemorrhoids	1.2	1.2	1.3	1.4	1.4	n.p.	n.p.	n.p.	1.3
K40 Inguinal hernia	1.6	1.6	1.4	1.7	1.9	n.p.	n.p.	n.p.	1.6
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K92 Other diseases of digestive system	1.2	1.4	1.5	1.4	1.6	n.p.	n.p.	n.p.	1.4
I20 Angina pectoris	3.8	3.8	4.4	3.1	3.9	n.p.	n.p.	n.p.	3.8
Z08 Follow-up examination after treatment for malignant neoplasms	1.0	1.0	1.1	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z45 Adjustment and management of implanted device	1.2	1.0	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.1
I25 Chronic ischaemic heart disease	2.3	2.9	3.2	2.1	4.2	n.p.	n.p.	n.p.	2.7
F33 Recurrent depressive disorder	6.2	3.7	4.2	6.0	12.2	n.p.	n.p.	n.p.	4.9
K63 Other diseases of intestine	1.1	1.1	1.2	1.5	1.2	n.p.	n.p.	n.p.	1.2
R07 Pain in throat and chest	1.6	1.8	2.1	1.7	1.7	n.p.	n.p.	n.p.	1.8
M54 Dorsalgia	3.0	3.1	3.8	2.0	2.2	n.p.	n.p.	n.p.	2.8
Other	3.1	3.2	3.7	3.5	3.4	n.p.	n.p.	n.p.	3.3
Total	2.6	2.7	2.8	2.8	2.7	n.p.	n.p.	n.p.	2.7

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

Table 9.18: Separations^(a) for males for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2003–04

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
Z49 Care involving dialysis	0	151	121	7,449	23,667	44,262	69,254	89,470	111,804	94,030	7,325	447,533
Z51 Other medical care	195	1,208	2,376	2,776	3,181	7,030	18,757	35,737	40,453	21,349	1,951	135,013
Z50 Care involving use of rehabilitation procedures	2	10	84	1,447	2,150	3,657	5,488	8,737	11,960	16,629	6,239	56,403
I20 Angina pectoris	0	0	1	15	282	2,249	7,296	13,130	14,357	11,282	2,393	51,005
R07 Pain in throat and chest	0	4	154	790	2,720	6,883	9,925	10,097	7,722	5,237	1,241	44,773
C44 Other malignant neoplasms of skin	1	4	18	49	481	1,803	4,761	8,600	10,669	13,739	4,305	44,430
H26 Other cataract	11	24	40	65	148	523	1,910	5,152	12,086	18,443	3,864	42,266
K40 Inguinal hernia	1,498	1,157	1,136	1,767	3,078	4,563	6,550	8,230	6,932	4,751	893	40,555
R10 Abdominal and pelvic pain	133	344	2,384	2,909	3,987	5,225	5,475	5,393	4,183	2,987	706	33,726
M23 Internal derangement of knee	1	2	223	4,472	5,992	7,020	6,952	5,130	2,130	722	54	32,698
I21 Acute myocardial infarction	1	0	1	26	303	1,861	5,285	7,364	7,167	6,541	2,246	30,795
J18 Pneumonia, organism unspecified	787	3,307	1,543	909	1,388	1,893	2,087	3,158	4,661	6,996	3,706	30,435
J44 Other chronic obstructive pulmonary disease	2	15	27	21	76	227	1,184	3,996	9,409	11,997	3,070	30,024
G47 Sleep disorders	3,212	1,917	1,162	422	1,620	3,970	6,470	6,258	3,116	1,638	106	29,891
K21 Gastro-oesophageal reflux disease	792	259	453	1,232	3,042	5,024	6,050	5,650	3,631	1,914	284	28,331
Z08 Follow-up examination after treatment for malignant neoplasms	8	75	61	30	139	655	2,019	5,142	8,537	7,935	1,358	25,959
K01 Embedded and impacted teeth	0	49	1,612	14,165	5,928	2,123	885	386	136	57	19	25,360
I25 Chronic ischaemic heart disease	0	2	0	4	80	779	3,405	7,294	7,999	4,981	482	25,026
K92 Other diseases of digestive system	59	75	148	695	1,951	3,396	4,649	4,987	4,242	3,578	1,030	24,810
E11 Type 2 diabetes mellitus	0	1	12	52	248	918	2,424	4,785	6,955	7,240	1,491	24,126
N40 Hyperplasia of prostate	0	0	0	5	24	126	1,286	5,675	8,038	6,200	1,197	22,551
D12 Benign neoplasm of colon, rectum, anus and anal canal	1	0	17	74	200	1,082	3,466	6,601	6,564	3,883	443	22,331
I50 Heart failure	19	8	12	34	130	275	764	2,230	4,956	8,482	4,175	21,085
I84 Haemorrhoids	0	14	17	471	2,109	4,410	5,549	4,586	2,450	1,082	163	20,851
C61 Malignant neoplasm of prostate	0	0	5	0	1	50	1,087	5,527	7,075	5,421	1,381	20,547
M17 Gonarthrosis [arthrosis of knee]	0	1	9	143	597	1,604	3,218	5,227	5,661	3,670	399	20,529
Z45 Adjustment and management of implanted device	45	238	546	409	449	1,181	3,191	5,563	5,653	2,779	342	20,396
F10 Mental and behavioural disorders due to use of alcohol	0	1	134	1,808	2,898	4,571	5,124	3,639	1,191	711	53	20,130
K29 Gastritis and duodenitis	27	124	270	1,107	2,091	3,099	3,775	3,812	3,216	2,157	357	20,035
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	121	160	152	275	662	1,622	3,500	5,408	4,755	2,764	274	19,693
Other	75,756	92,801	118,057	141,397	160,910	189,786	213,967	244,591	242,442	231,501	70,166	1,781,375
Not reported	56	31	79	116	180	228	278	315	354	283	79	1,999
Total	82,727	101,982	130,854	185,134	230,712	312,095	416,031	531,870	570,504	510,979	121,792	3,194,681

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

Table 9.19: Separations^(a) for females for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2003-04

Principal diagnosis	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
Z49 Care involving dialysis	1	24	365	5,613	14,251	24,716	49,929	66,385	90,427	59,199	3,908	314,818
Z51 Other medical care	175	961	1,724	1,668	4,045	16,053	35,043	41,413	32,506	15,671	1,832	151,091
Z50 Care involving use of rehabilitation procedures	5	12	50	948	1,952	3,388	5,302	8,549	13,688	25,781	14,128	73,803
R10 Abdominal and pelvic pain	106	233	2,905	9,105	10,292	10,773	10,571	8,595	5,910	4,294	1,370	64,154
H26 Other cataract	7	36	31	50	96	377	1,634	5,849	17,373	28,707	7,117	61,277
O04 Medical abortion	0	0	226	22,183	19,875	9,023	278	0	0	0	0	51,586
O70 Perineal laceration during delivery	0	0	18	9,800	31,452	8,578	33	0	0	0	0	49,881
R07 Pain in throat and chest	0	5	124	826	1,977	4,697	8,806	9,579	8,186	6,972	2,411	43,583
K80 Cholelithiasis	0	3	131	3,043	6,551	6,950	6,796	6,224	4,409	3,420	1,176	38,703
K01 Embedded and impacted teeth	0	33	2,411	23,491	8,453	2,484	938	395	157	70	23	38,455
F32 Depressive episode	0	0	404	4,302	6,060	7,371	6,199	4,040	2,620	2,589	663	34,248
O80 Single spontaneous delivery	0	0	13	8,479	19,245	4,545	14	0	0	0	0	32,296
Z31 Procreative management	1	0	0	420	13,744	17,242	570	3	0	0	0	31,980
I20 Angina pectoris	0	0	0	10	97	860	3,088	5,472	7,999	9,658	3,719	30,903
C44 Other malignant neoplasms of skin	1	2	8	85	604	2,027	4,184	5,073	5,811	8,209	4,225	30,229
N39 Other disorders of urinary system	862	944	754	1,405	1,480	2,573	3,808	3,736	3,876	6,127	4,412	29,977
K21 Gastro-oesophageal reflux disease	653	175	315	1,068	2,042	4,041	6,407	6,607	4,438	2,467	529	28,742
J18 Pneumonia, organism unspecified	582	2,656	1,278	788	1,390	1,709	1,887	2,465	3,506	5,899	5,086	27,246
K29 Gastritis and duodenitis	26	126	282	1,538	2,419	3,735	5,040	5,177	4,124	2,910	667	26,044
K52 Other noninfective gastroenteritis and colitis	30	90	106	2,574	3,507	2,987	3,184	3,405	3,173	3,569	1,734	24,359
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	30	7,278	13,574	3,341	14	0	0	0	0	24,237
M17 Gonarthrosis [arthrosis of knee]	0	0	5	75	297	1,040	3,129	5,824	6,933	5,589	815	23,707
O34 Maternal care for known or suspected abnormality of pelvic organs	0	0	0	1,851	14,432	7,283	46	0	0	0	0	23,612
C50 Malignant neoplasm of breast	0	0	0	18	562	3,034	6,030	6,190	4,231	2,781	752	23,598
N92 Excessive, frequent and irregular menstruation	0	0	48	671	3,187	10,160	9,186	315	7	6	0	23,580
K57 Diverticular disease of intestine	0	0	0	14	134	908	3,219	5,674	6,474	5,542	1,377	23,342
K92 Other diseases of digestive system	61	74	96	775	1,660	2,758	4,053	4,518	3,715	3,594	1,812	23,116
J44 Other chronic obstructive pulmonary disease	0	8	84	34	56	304	1,326	3,985	6,756	7,949	2,581	23,083
M54 Dorsalgia	0	15	80	593	1,610	3,075	4,609	3,893	3,393	3,375	1,331	21,974
Z45 Adjustment and management of implanted device	65	227	404	454	877	2,322	4,880	5,728	4,286	2,051	402	21,696
Other	57,539	66,150	84,847	196,530	351,768	287,491	270,295	261,392	248,014	275,765	129,225	2,229,016
Not reported	59	17	47	184	276	255	253	287	279	289	152	2,098
Total	60,173	71,791	96,786	305,873	537,965	456,100	460,751	480,773	492,291	492,483	191,447	3,646,434

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

Table 9.20: Separation statistics^(a) related to renal failure^(b), by state or territory of usual residence, all hospitals, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Acute renal failure									
Separations	2,245	1,818	1,140	366	451	n.p.	n.p.	n.p.	6,237
Separations not within state of residence (%)	2	1	1	1	2	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	0.29	0.29	0.24	0.16	0.21	0.21	0.13	0.36	0.26
Private hospitals	0.02	0.06	0.07	0.04	0.03	n.p.	n.p.	n.p.	0.04
Total	0.31	0.34	0.31	0.20	0.24	n.p.	n.p.	n.p.	0.30
Standardised separation rate ratio (SRR)	1.04	1.14	1.02	0.66	0.81	n.p.	n.p.	n.p.	
95% confidence interval of SRR	1.00–1.08	1.09–1.20	0.96–1.08	0.59–0.73	0.73–0.88	n.p.	n.p.	n.p.	
Chronic and unspecified renal failure									
Separations	2,909	1,681	1,540	695	665	n.p.	n.p.	n.p.	7,946
Separations not within state of residence (%)	5	1	1	1	2	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	0.37	0.26	0.31	0.30	0.33	0.30	0.30	1.02	0.33
Private hospitals	0.04	0.06	0.10	0.07	0.05	n.p.	n.p.	n.p.	0.06
Total	0.41	0.32	0.41	0.37	0.38	n.p.	n.p.	n.p.	0.39
Standardised separation rate ratio (SRR)	1.07	0.84	1.05	0.95	0.99	n.p.	n.p.	n.p.	
95% confidence interval of SRR	1.03–1.11	0.80–0.88	1.00–1.10	0.88–1.02	0.92–1.07	n.p.	n.p.	n.p.	
Care involving dialysis^(e)									
Separations	212,115	215,763	133,976	89,455	60,113	n.p.	n.p.	n.p.	761,424
Separations not within state of residence (%)	7	1	0	1	2	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	26.67	36.88	25.37	32.91	26.56	24.62	38.28	179.21	30.76
Private hospitals	3.67	5.30	9.93	13.87	9.49	n.p.	n.p.	n.p.	6.52
Total	30.34	42.18	35.30	46.77	36.04	n.p.	n.p.	n.p.	37.27
Standardised separation rate ratio (SRR)	0.81	1.13	0.95	1.25	0.97	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.81–0.82	1.13–1.14	0.94–0.95	1.25–1.26	0.96–0.97	n.p.	n.p.	n.p.	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

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

(d) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

n.p. Not published

Table 9.21: Separation statistics^(a) related to renal failure^(b), by Remoteness Area of usual residence, all hospitals, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Acute renal failure						
Separations	4,090	1,427	572	83	58	6,237
Separation rate ^(d)						
Public hospitals	0.26	0.27	0.25	0.30	0.45	0.26
Private hospitals	0.05	0.04	0.02	0.02	0.02	0.04
Total	0.30	0.31	0.27	0.32	0.47	0.30
Standardised separation rate ratio (SRR)	1.00	1.03	0.90	1.07	1.57	
95% confidence interval of SRR	0.97–1.03	0.98–1.09	0.83–0.97	0.84–1.30	1.16–1.97	
Chronic and unspecified renal failure						
Separations	4,382	1,828	1,219	273	232	7,946
Separation rate ^(d)						
Public hospitals	0.27	0.33	0.53	0.90	1.76	0.33
Private hospitals	0.06	0.07	0.05	0.04	0.00	0.06
Total	0.33	0.40	0.58	0.94	1.76	0.39
Standardised separation rate ratio (SRR)	0.85	1.03	1.49	2.41	4.51	
95% confidence interval of SRR	0.82–0.87	0.98–1.07	1.40–1.57	2.12–2.70	3.93–5.09	
Care involving dialysis^(e)						
Separations	533,331	124,304	71,819	16,304	15,160	761,424
Separation rate ^(d)						
Public hospitals	32.58	23.48	31.10	37.76	94.74	31.03
Private hospitals	7.92	4.02	2.46	14.73	2.33	6.58
Total	40.50	27.50	33.56	52.49	97.07	37.61
Standardised separation rate ratio (SRR)	1.08	0.73	0.89	1.40	2.58	
95% confidence interval of SRR	1.07–1.08	0.73–0.74	0.89–0.90	1.37–1.42	2.54–2.62	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

(c) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.22: Separation statistics^(a) related to renal failure^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2003–04

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Acute renal failure						
Separations	1,487	1,294	1,266	1,114	1,070	6,237
Separation rate ^(e)						
Public hospitals	0.31	0.29	0.29	0.23	0.20	0.26
Private hospitals	0.03	0.04	0.03	0.06	0.06	0.04
Total	0.34	0.32	0.32	0.29	0.25	0.31
Standardised separation rate ratio (SRR)	1.12	1.05	1.05	0.93	0.83	
95% confidence interval of SRR	1.06–1.17	0.99–1.11	0.99–1.10	0.88–0.99	0.78–0.88	
Chronic and unspecified renal failure						
Separations ^(d)	2,244	1,734	1,561	1,340	1,055	7,946
Separation rate ^(e)						
Public hospitals	0.47	0.37	0.34	0.28	0.19	0.33
Private hospitals	0.06	0.06	0.05	0.07	0.07	0.06
Total	0.52	0.43	0.39	0.34	0.26	0.39
Standardised separation rate ratio (SRR)	1.33	1.10	0.99	0.87	0.67	
95% confidence interval of SRR	1.28–1.39	1.05–1.15	0.94–1.04	0.83–0.92	0.63–0.71	
Care involving dialysis^(e)						
Separations ^(d)	158,055	152,104	164,323	154,425	132,045	761,424
Separation rate ^(e)						
Public hospitals	32.86	32.45	34.68	31.91	24.77	31.28
Private hospitals	4.34	5.76	6.36	8.06	8.90	6.63
Total	37.19	38.21	41.05	39.97	33.67	37.91
Standardised separation rate ratio (SRR)	0.98	1.01	1.08	1.05	0.89	
95% confidence interval of SRR	0.98–0.99	1.00–1.01	1.08–1.09	1.05–1.06	0.88–0.89	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

(c) Based on the Australian Bureau of Statistics' SEIFA 2001 Index of Advantage/Disadvantage score for the Statistical Local Area of the patient's usual residence.

(d) Includes unknown residence area and excludes overseas residents and unknown state of residence.

(e) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(f) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.23: Separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, by Indigenous status,^(b) all hospitals, Australia, 2003–04

Principal diagnosis	Separations		Separations for patients identified as Indigenous (%)	Separations per 1,000 population ^(c)		Rate ratio ^(d)
	Indigenous	Other		Indigenous	Other	
A00–B99 Certain infectious and parasitic diseases	5,069	87,823	2.3	20.7	4.5	4.6
C00–D48 Neoplasms	3,279	493,837	1.5	11.5	24.3	0.5
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1,034	79,137	0.5	3.4	3.9	0.9
E00–E90 Endocrine, nutritional and metabolic diseases	4,291	106,860	2.0	14.4	5.3	2.7
F00–F99 Mental and behavioural disorders	9,558	277,501	4.4	20.7	14.1	1.5
G00–G99 Diseases of the nervous system	3,191	152,364	1.5	9.2	7.6	1.2
H00–H59 Diseases of the eye and adnexa	1,443	187,501	0.7	6.4	9.2	0.7
H60–H95 Diseases of the ear and mastoid process	1,807	51,724	0.8	5.4	2.7	2.0
I00–I99 Diseases of the circulatory system	7,260	441,597	3.4	25.7	21.6	1.2
J00–J99 Diseases of the respiratory system	16,041	315,914	7.4	63.5	16.0	4.0
K00–K93 Diseases of the digestive system	11,604	771,840	5.4	32.9	38.7	0.8
L00–L99 Diseases of the skin and subcutaneous tissue	5,230	114,478	2.4	15.0	5.8	2.6
M00–M99 Diseases of the musculoskeletal system and connective tissue	3,858	363,066	1.8	10.9	18.1	0.6
N00–N99 Diseases of the genitourinary system	5,949	345,716	2.8	16.5	17.4	0.9
O00–O99 Pregnancy, childbirth and the puerperium	16,783	432,942	7.8	27.8	22.7	1.2
P00–P96 Certain conditions originating in the perinatal period	2,349	49,297	1.1	12.9	2.6	5.0
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	851	32,231	0.4	3.7	1.7	2.2
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	9,317	399,631	4.3	29.5	19.9	1.5
S00–T98 Injury, poisoning and certain other consequences of external causes	17,318	432,287	8.0	41.9	21.9	1.9
Z00–Z99 Factors influencing health status and contact with health services	89,710	1,485,407	41.5	292.8	73.8	4.0
Care involving dialysis	81,983	680,368	37.9	267.7	33.7	7.9
Other	7,727	805,039	3.6	25.1	40.0	0.6
Not reported	200	3,897	0.1	0.6	0.2	3.1
Total (excluding care involving dialysis)	133,959	5,940,785	62.0	397.0	298.1	1.3
Total (including care involving dialysis)	216,142	6,625,050	100.0	665.3	332.0	2.0

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 8 for further detail.

(c) The rates were directly age-standardised as detailed in Appendix 3. The separation rate for other persons includes *Not reported*. Indigenous population data are available at <<http://www.aihw.gov.au/>>.

(d) The rate ratio is equal to the separation rate for other persons divided by the separation rate for non-Indigenous persons (which includes *Not reported*).

10 Procedures for admitted patients

Introduction

The *National Health Data Dictionary* version 12.0 (NHDC 2003) defines a procedure as 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 only available in an acute care setting. Procedures therefore encompass surgical procedures and also non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Procedures for 2003–04 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories except South Australia, using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002). South Australia mapped the data collected using that classification forward to codes of the fourth edition of ICD-10-AM (NCCH 2004). The AIHW mapped these data backward to the third edition codes so that national data could be presented in a single classification in this report. The mapped data should be interpreted with these mappings in mind. Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

One or more procedures can be reported for each separation in the National Hospital Morbidity Database, but procedures are not undertaken for all hospital admissions, so only a proportion of the separation records include procedure data.

There are two types of data on procedures presented in this chapter:

- data on the separations for which there was one or more procedures reported within the group of procedures (an ICD-10-AM procedure block or chapter) being considered. Because more than one procedure can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows; and
- data on the total number of procedures reported. For these data, all procedures within a group of procedures being considered are counted, even if there is more than one reported for a separation.

The procedure classification is divided into chapters by anatomical site and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These sub-chapters are further divided into more specific procedure blocks, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes. The tables and figures in this chapter use blocks and abbreviated descriptions. Full descriptions of the categories are available in the ICD-10-AM publication.

Most of the information is presented using two methods of grouping procedures based on the ICD-10-AM procedure classification:

- ICD-10-AM procedure chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Tables 10.1 to 10.4, 10.8, 10.9 and 10.21); and

- ICD-10-AM procedure blocks – these 1,594 categories describe procedures at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 10.10 to 10.20) and summary information is provided for all of the groups (for which separations were reported) on the Internet at <http://www.aihw.gov.au> (Tables S10.1 and S10.2).

In addition, Table 10.5 presents information on the number of procedures reported per separation and Tables 10.6 and 10.7 present time series information on separations for selected procedures.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals and for public patients, nationally and by state and territory. National information on age group and sex distributions is presented, as well as procedure statistics by Indigenous status. The 30 ICD-10-AM procedure blocks with the highest number of separations are also presented. Information on ‘public’ patients in Tables 10.1 to 10.2 and Tables 10.10 to 10.14 relates to separations for which the patient election status was reported as public (see Chapter 7).

Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have not been included in Tables 10.4, 10.5, 10.9, 10.16 and 10.18. The data were supplied but are not published for confidentiality reasons.

Overall, there were 5.5 million separations for which a procedure was reported, 80.6% of total separations. Almost 19.3 million patient days were reported for separations with a procedure, accounting for 81.6% of the total (Tables 10.1 and 10.2).

Procedures and other data elements reported for separations

The information on procedures reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 10.1 demonstrates this using the example of procedure block 671 *Transluminal coronary angioplasty with stenting* and other data elements in the National Hospital Morbidity Database. There were 29,543 separations for which this procedure was reported, with an average length of stay of 3.5 days. Almost 51% of separations were admitted in private hospitals. The majority of separations (91.3%) with this procedure had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. The principal diagnosis mostly associated with this procedure was *Angina pectoris* (I20) with 11,427 separations, and the most commonly reported AR-DRG was *Percutaneous coronary intervention without acute myocardial infarction with stent implantation* (F15Z) with 19,592 separations. There were significantly more separations for males than females, with males accounting for 74.0% of separations. The majority of separations (78.6%) were for patients aged 55 years and over.

ICD-10-AM chapters

Tables 10.1 to 10.4 provide separation and procedure statistics reported for each of the ICD-10-AM procedure chapters. Tables 10.1 and 10.2 present separation and procedure statistics by hospital sector, and Tables 10.3 and 10.4 present separations reported for each

ICD-10-AM procedure chapter by sector, states and territories. If a separation had two block numbers within the same chapter, it was only counted once.

Sector

Public hospitals accounted for 56.1% of the separations for which a procedure was reported, although they accounted for 61.4% of the separations overall. Similarly, although 69.6% of overall patient days were in public hospitals, only 66.9% of patient days associated with procedures were in public hospitals. In public hospitals, 73.6% of total separations involved a procedure (3,090,306) and these separations were associated with 78.4% of total patient days (Table 10.1). In contrast, 91.7% of total separations in private hospitals involved a procedure (2,421,265), and these separations were associated with 88.9% of total patient days (Table 10.2). About 86.1% of separations with a procedure in public hospitals were for public patients, in contrast to 3.1% in private hospitals.

The private sector reported a higher proportion of separations for same day procedures than the public sector. About 54.1% (1,671,941) of separations for which a procedure was reported were same day in public hospitals, compared with 65.4% (1,583,086) in private hospitals (Tables 10.1 and 10.2).

The highest numbers of separations in both the public and private sectors was for *Non-invasive, cognitive and interventions, not elsewhere classified* (Blocks 1820–1916). This chapter also accounted for the highest numbers of patient days in the public sector and the private sector.

After *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1916) (1,931,003), the chapter that accounted for the largest number of separations in public hospitals was *Procedures on urinary system* (Blocks 1040–1129), which includes haemodialysis. There were 737,505 separations for which procedures in this chapter were reported, accounting for 1,257,819 patient days. This group of procedures also accounted for a large number of same day separations (675,901) and public patient separations (654,996). Other chapters that accounted for a large number of separations in public hospitals were *Procedures on digestive system* (Blocks 850–1011) with 377,721 separations, and *Imaging services* (Blocks 1940–2016) with 350,013 separations.

Within the private sector, *Procedures on digestive system* (Blocks 850–1011), which includes colonoscopy, was the group of procedures that accounted for the largest number of separations after *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1916) (1,898,709 separations). There were 565,809 separations for which procedures in this chapter were reported, accounting for 1,080,488 patient days. This group of procedures also accounted for a large number of same day separations (436,485). Other chapters that accounted for a large number of separations in private hospitals were *Procedures on musculoskeletal system* (Blocks 1360–1579) with 242,295 separations and *Procedures on urinary system* (Blocks 1040–1129) with 234,530 separations.

States and territories

Tables 10.3 and 10.4 describe the pattern of hospital use in the states and territories by procedure chapter, in both the public and private sectors. These tables enable state by state comparisons of overall hospital use for the different procedure chapters and the share of separations between the private and public sectors. For example, the proportion of total

separations for *Procedures on urinary system* (Blocks 1040–1129) performed in public hospitals in comparison to private hospitals was higher in Victoria (222,655 public sector separations or 82.2% of combined separations) than in Queensland (113,782 public sector separations or 63.8% of combined separations). Similarly, the proportion of total separations for *Procedures on eye and adnexa* (Blocks 160–256) performed in private hospitals in comparison to public hospitals was higher in Queensland (32,096 private sector separations, representing 78.1% of combined separations) than in Victoria (27,464 private sector separations, or 56.3%).

Number of procedure codes

Table 10.5 presents information on the number of procedure codes reported to the National Hospital Morbidity Database. Ideally, the number of procedures recorded for a patient should reflect the procedures undertaken, and not be restricted by administrative or technical limitations. There were marked differences between the states and territories in the maximum number of procedures reported, ranging from 66 procedures for Western Australia to 25 for South Australia. However, with the exception of the Northern Territory, the average number of procedure codes per separation in the public sector varied little among the jurisdictions. For the private sector there was also little variation in the average number of procedure codes per separation among the jurisdictions. The AIHW requested a maximum of 50 codes, so this may have restricted the number of codes reported by Queensland, New South Wales, Tasmania and Western Australia.

In recent years there has been a trend in both sectors to increased reporting of five or more procedure codes for a separation. In the public sector, 7.2% of records had five or more procedure codes in 2003–04 compared with 6.9% in 2002–03 and 5.8% in 2001–02 (AIHW 2003, 2004a). In the private sector, 8.2% of records had five or more procedure codes in 2003–04 compared with 7.6% in 2002–03 and 5.3% in 2001–02. The higher rate of recording five or more procedures in the private sector than in the public sector may be due to differences in coding practices between the sectors.

Selected procedures

Tables 10.6 and 10.7 present the number of separations for selected procedures from 1999–00 to 2003–04 and the change in separations over this period, by hospital sector and patient election status. The selected procedures have been identified as performance indicators related to appropriateness and may also be indicators of accessibility. The ICD-10-AM codes used to define the procedures are listed in Appendix 3. More information and statistics on the selected procedures and other hospital performance indicators can be found in Chapter 4.

Changes in separations reported for each of the selected procedures between 1999–00 and 2003–04 varied between the hospital sectors. For example, the number of private sector separations for *Diagnostic gastrointestinal endoscopy* increased by 25.2% (75,189 separations) between 1999–00 and 2003–04, compared with a decrease of 6.9% (13,861 separations) in the public sector over the same period (Table 10.6). Overall, the reported number of separations increased for all but one of the selected procedures between 1999–00 and 2003–04 in the private sector and increased for seven of the 15 selected procedures in the public sector. A decrease in the number of separations over the 5-year period for *Coronary artery bypass graft*

was reported for both sectors, with private sector separations decreasing by 485 and public sector separations decreasing by 1,356. These changes would have been affected by the recategorisation of two New South Wales hospitals from private to public between 2002–03 and 2003–04 (see Appendix 4).

Table 10.7 presents the number of separations and change in separations for selected procedures from 1999–00 to 2003–04, by patient election status, for all hospitals. Due to a small proportion of separations whose 'Patient election status' was not reported (less than 5% of all separations in each year), the overall changes by selected procedure in Table 10.7 are slightly different to those presented in Table 10.6.

Variations between private and public patients in changes in separations for the selected procedures over the 5-year period were similar to those identified between hospital sectors. For example, private patient separations increased for 14 of the 15 selected procedures between 1999–00 and 2003–04, whereas public patient separations increased for six of the selected procedures over the same period. A notable difference between private and public patients was for *Coronary angioplasty*, with private patient separations increasing by 77.7% (8,028 separations) between 1999–00 and 2003–04, compared with an increase in public patient separations of 26.5% (2,689 separations) over the same period.

Total procedures

Tables 10.8 and 10.9 provide counts of all the procedures reported for 2003–04, by state and territory for the public and private sectors. The totals are the total number of procedures, rather than the total number of separations for which a procedure was reported, as presented elsewhere in this chapter. A total of 13.2 million procedures were reported, 7.2 million in the public sector and 6.0 million in the private sector. The most commonly reported procedure chapter in both public and private hospitals was *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1916) (5,901,041 procedures in total). A block which accounted for many of these procedures was *Cerebral anaesthesia* (Block 1910), 44.5% of the chapter overall (2,624,932 procedures) (Tables 10.11 to 10.13). The next most common procedure chapters for both sectors combined were *Procedures on digestive system* (Blocks 850–1011) (1,241,950) and *Procedures on urinary system* (Blocks 1040–1129) (1,041,722).

After *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1916), the most commonly reported procedure chapter in public hospitals was *Procedures on urinary system* (Blocks 1040–1119) with 770,198 procedures. In private hospitals, it was *Procedures on digestive system* (Blocks 850–1011) with 738,948 procedures.

High-volume procedures

Tables 10.10 to 10.20 present information on the most common procedures (at the block level of the ICD-10-AM classification).

Sector

Tables 10.10 and 10.11 contain summary separation, patient day and average length of stay statistics for the 30 blocks with the highest number of overnight separations in public and private hospitals, and Tables 10.12 and 10.13 contain summary separation statistics for same day separations. Table 10.14 contains summary separation, patient day and average length of

stay statistics for the procedure blocks with the most separations in private free-standing day hospitals only.

In the public sector, the most common procedure blocks for overnight separations were *Generalised allied health interventions* (Block 1916) (732,840) and *Cerebral anaesthesia* (Block 1910) (532,846) (Table 10.10). The average length of stay for separations reporting each of these procedure blocks was 11.8 and 6.5 days respectively. Both these procedure blocks also accounted for the highest number of patient days for separations with procedures, with 8,641,575 patient days for *Generalised allied health interventions* (Block 1916) and 3,441,426 patient days for *Cerebral anaesthesia* (Block 1910). *Haemodialysis* (Block 1060) was the most frequently reported procedure for same day separations in the public sector (622,142), followed by *Cerebral anaesthesia* (Block 1910) (529,625) (Table 10.12).

Cerebral anaesthesia (Block 1910) was the most frequently reported procedure for overnight separations in private hospitals (500,735) (Table 10.11), and also the most frequently reported procedure for same day separations (966,859) (Table 10.13).

Cerebral anaesthesia (Block 1910) was the most frequently reported procedure group in private free-standing day hospitals (286,041 separations), followed by *Panendoscopy with excision* (Block 1008) (65,598 separations) (Table 10.14). Public patient separations accounted for 35.6% (13,124) of the separations for *Haemodialysis* (Block 1060) in private free-standing day hospitals.

States and territories

There was some variation between the states and territories in the relative number of separations for the most common procedure blocks (Tables 10.15 and 10.16). In the public sector, for example, the proportion of separations for which *Haemodialysis* (Block 1060) was reported was greatest for the Northern Territory (40.5%, 28,410) and lowest in South Australia (11.5%, 43,518). The number of separations for *Chemotherapy administration* (Block 1780) was lower in New South Wales (8,452) than in other comparable states such as Victoria (60,004). This is because most chemotherapy patients in New South Wales public hospitals are outpatients rather than admitted patients. In the private sector, Victoria had relatively high numbers of separations with *Panendoscopy* (Block 1005) (19,957).

There was also some variation between the states and territories in the average length of stay for separations reporting the most common procedure blocks (Tables 10.17 and 10.18). For example, in the public sector, the average length of stay for separations with *Coronary angiography* (Block 668) ranged from 2.6 days in the Australian Capital Territory to 6.3 days in New South Wales and 8.5 days in the Northern Territory (Table 10.17). Overall, there was a much smaller variation in average lengths of stay within the private sector for those blocks reported, but there was still some variation. For example, the average length of stay for separations with *Psychological/psychosocial therapies* (Block 1873) ranged from 2.4 days in Western Australia to 13.5 days in South Australia (Table 10.18).

Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with 81.2% for males (2,592,779) and 80.0% for females (2,918,740) (Tables 10.19 and 10.20). Besides the more sex-specific procedures such as *Caesarean section* (Block 1340) and *Postpartum suture* (Block 1344), most of the top 30 procedures were common to both

sexes. For both males and females, the group of procedures with the most separations was *Cerebral anaesthesia* (Block 1910), with the most separations for this group of procedures in the 55–64 years age group for males and the 45–54 age group for females.

For both males and females, the highest number of separations with procedures was reported for the 65–74 years age group, with 498,827 (19.2%) separations for males and 431,118 (14.8%) separations for females (Tables 10.19 and 10.20).

Indigenous status

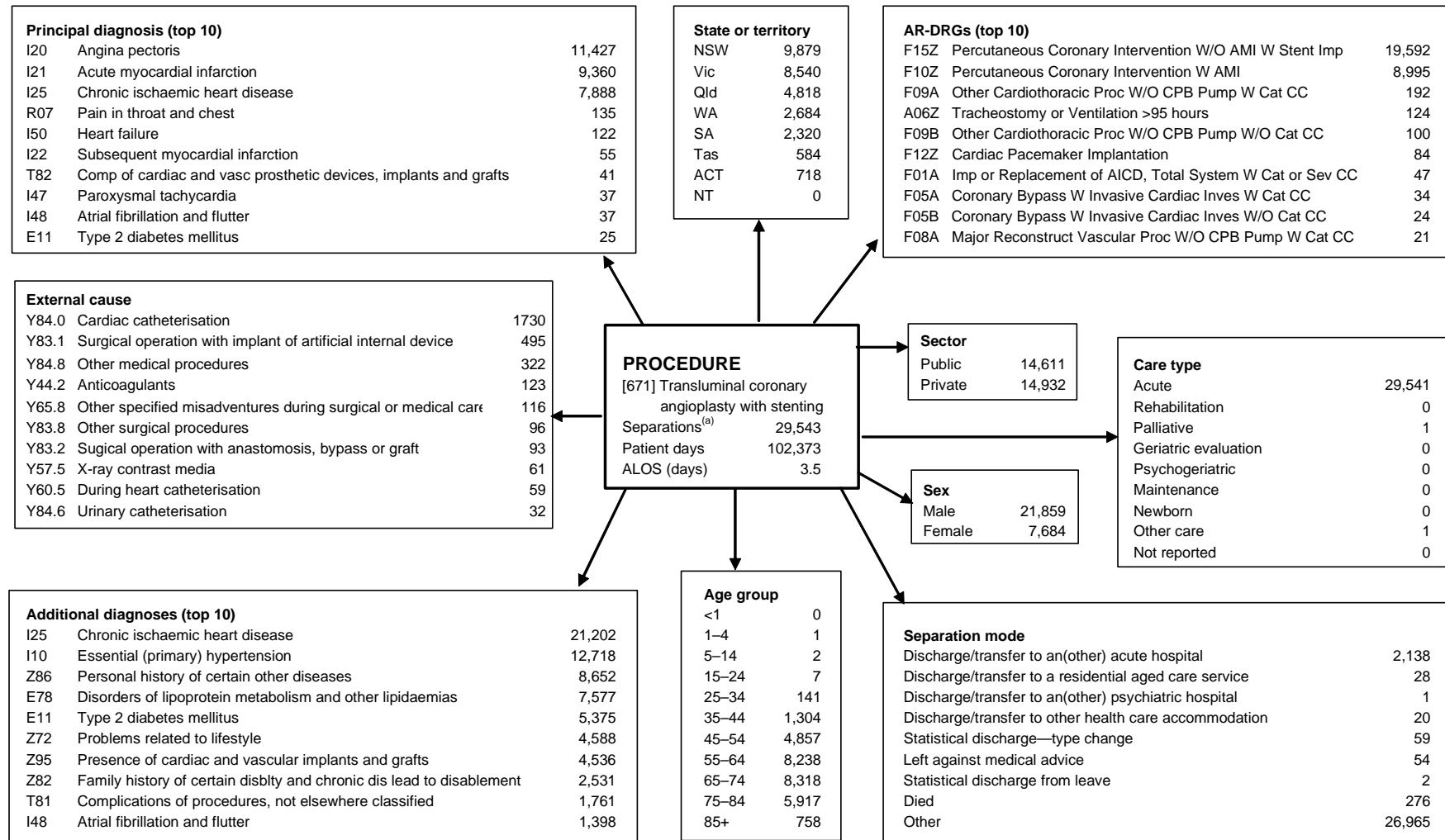
Table 10.21 contains a comparison between patients identified as Indigenous and patients not identified as Indigenous for each of the ICD-10-AM procedure chapters, including information on procedures per 1,000 population. *Procedures on urinary system* (Blocks 1040–1128) was the most frequently reported procedure chapter for Indigenous patients (86,406). For *Haemodialysis* (Block 1060), the number of procedures per 1,000 population for persons identified as Indigenous was eight times that for other persons. For *Procedures on respiratory system* (Blocks 520–569), the rate for persons identified as Indigenous was 2.4 times that for other persons and for *Procedures on ear and mastoid process* (Blocks 300–333) the rate was 1.7 times that of other persons. Some chapters for which the rate for Indigenous persons was less than that for other persons included *Procedures on endocrine system* (Blocks 110–129), *Procedures on nose, mouth and pharynx* (Blocks 370–422) and *Gynaecological procedures* (Blocks 1240–1299).

Although the overall number of procedures per 1,000 population was higher for Indigenous persons, Figure 10.2 shows the proportion of separations with a procedure by ICD-10-AM diagnosis chapter was lower for Indigenous patients than for other patients for almost all of the diagnosis chapters. For example, for *Diseases of the nervous system* (G00–G99), 39.2% of separations for Indigenous patients had a procedure reported, compared with 78.5% of separations for other patients. *Certain conditions originating in the perinatal period* (P00–P96) and *Factors influencing health status and contact with health services* (Z00–Z99) were the only chapters for which the proportion of separations with procedures was higher for Indigenous patients. These differences may be affected by the pattern of principal diagnoses reported within chapters.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/> provide information on the number of separations by 5-year age group and ICD-10-AM procedure block for males and females. There are also national summary statistics for public and private hospitals for each procedure block, for overnight and same day separations (as presented for the top 30 procedure blocks in Tables 10.10 to 10.13).

For access to more procedure data, the Institute's web site also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information on the procedures performed on patients admitted to Australian hospitals. Data in the form of counts of procedures are available on all procedures performed by age group, sex and same day status. Procedure information is available at the broader ICD-10-AM chapter level through to the more specific seven digit procedure code level. The source of these data is the National Hospital Morbidity Database.



Note: Main abbreviations: ALOS—average length of stay; Proc—procedure; W—with; W/O—without; Cat—catastrophic; CC—complication or comorbidity; Imp—implantation; Sev—severe; AMI—acute myocardial infarction.

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Figure 10.1: Interrelationships of a procedure (Block 671 Transluminal coronary angioplasty with stenting) with other data elements, all hospitals, Australia, 2003–04

Table 10.1: Separation^(a) and procedure statistics, by procedure in ICD-10-AM chapters, public hospitals, Australia, 2003–04

Procedure chapters		Separations	Same day separations	Public patient separations	Separations	Patient days	Patient days	ALOS (days)	ALOS (days)
					per 10,000 population ^(b)		per 10,000 population ^(b)		excluding same day
1–86	Procedures on nervous system	66,114	27,001	54,399	33.1	438,749	219.4	6.6	10.5
110–129	Procedures on thyroid and parathyroid glands	5,657	199	4,876	2.8	26,457	13.2	4.7	4.8
160–256	Procedures on eye and adnexa	67,996	56,340	52,138	34.0	110,205	55.1	1.6	4.6
300–333	Procedures on ear and mastoid process	25,585	16,946	21,959	12.8	56,283	28.1	2.2	4.6
370–422	Procedures on nose, mouth and pharynx	47,210	14,292	40,012	23.6	102,500	51.3	2.2	2.7
450–490	Dental services	29,375	24,724	22,855	14.7	92,600	46.3	3.2	14.6
520–569	Procedures on respiratory system	76,392	16,668	62,600	38.2	996,192	498.2	13.0	16.4
600–767	Procedures on cardiovascular system	160,547	36,960	133,190	80.3	1,543,647	771.9	9.6	12.2
800–817	Procedures on blood and blood-forming organs	27,912	10,054	23,219	14.0	212,628	106.3	7.6	11.3
850–1011	Procedures on digestive system	377,721	199,490	327,109	188.9	1,566,447	783.3	4.1	7.7
1040–1129	Procedures on urinary system	737,505	675,901	654,996	368.8	1,257,819	629.0	1.7	9.4
1160–1203	Procedures on male genital organs	35,868	19,297	30,670	17.9	92,480	46.2	2.6	4.4
1240–1299	Gynaecological procedures	144,518	95,153	125,684	72.3	288,571	144.3	2.0	3.9
1330–1347	Obstetric procedures	162,188	8,296	148,330	81.1	605,676	302.9	3.7	3.9
1360–1579	Procedures on musculoskeletal system	209,041	61,829	172,005	104.5	1,155,613	577.9	5.5	7.4
1600–1718	Dermatological and plastic procedures	167,692	84,762	141,992	83.9	910,052	455.1	5.4	10.0
1740–1759	Procedures on breast	18,143	8,307	16,139	9.1	48,463	24.2	2.7	4.1
1780–1799	Chemotherapeutic and radiation oncology procedures	150,810	124,690	131,569	75.4	388,542	194.3	2.6	10.1
1820–1916	Non-invasive, cognitive and other interventions, not elsewhere classified	1,931,003	743,622	1,632,992	965.6	11,092,202	5,546.7	5.7	8.7
1940–2016	Imaging services	350,013	53,921	285,108	175.0	3,427,637	1,714.0	9.8	11.4
	<i>Procedure reported^(c)</i>	3,090,306	1,671,941	2,659,370	1,545.3	12,879,873	6,440.6	4.2	7.9
	No procedure or not reported	1,110,189	385,223	986,998	555.2	3,538,608	1,769.5	3.2	4.3
Total^(c)		4,200,495	2,057,164	3,646,368	2,100.5	16,418,481	8,210.1	3.9	6.7

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.

Table 10.2: Separation^(a) and procedure statistics, by procedure in ICD-10-AM chapters, private hospitals, Australia, 2003–04

Procedure chapters		Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same day
1–86	Procedures on nervous system	72,546	38,408	727	36.3	257,327	128.7	3.5	6.4
110–129	Procedures on thyroid and parathyroid glands	5,607	82	45	2.8	18,179	9.1	3.2	3.3
160–256	Procedures on eye and adnexa	136,396	121,019	3,030	68.2	142,985	71.5	1.0	1.4
300–333	Procedures on ear and mastoid process	26,266	18,891	279	13.1	31,556	15.8	1.2	1.7
370–422	Procedures on nose, mouth and pharynx	58,837	20,290	695	29.4	75,604	37.8	1.3	1.4
450–490	Dental services	85,885	80,963	130	42.9	89,917	45.0	1.0	1.8
520–569	Procedures on respiratory system	25,721	6,846	379	12.9	202,746	101.4	7.9	10.4
600–767	Procedures on cardiovascular system	115,814	31,263	1,403	57.9	598,082	299.1	5.2	6.7
800–817	Procedures on blood and blood-forming organs	18,249	5,432	154	9.1	93,000	46.5	5.1	6.8
850–1011	Procedures on digestive system	565,809	436,485	6,947	282.9	1,080,488	540.3	1.9	5.0
1040–1129	Procedures on urinary system	234,530	189,772	39,397	117.3	441,654	220.9	1.9	5.6
1160–1203	Procedures on male genital organs	50,164	27,615	763	25.1	126,454	63.2	2.5	4.4
1240–1299	Gynaecological procedures	177,543	135,129	2,202	88.8	299,525	149.8	1.7	3.9
1330–1347	Obstetric procedures	74,199	1,662	2,385	37.1	372,288	186.2	5.0	5.1
1360–1579	Procedures on musculoskeletal system	242,295	100,433	2,659	121.2	834,146	417.1	3.4	5.2
1600–1718	Dermatological and plastic procedures	158,628	112,602	2,152	79.3	339,474	169.8	2.1	4.9
1740–1759	Procedures on breast	29,371	11,950	317	14.7	63,835	31.9	2.2	3.0
1780–1799	Chemotherapeutic and radiation oncology procedures	160,090	144,333	4,178	80.1	251,467	125.7	1.6	6.8
1820–1916	Non-invasive, cognitive and other interventions, not elsewhere classified	1,898,709	1,159,049	30,325	949.5	5,553,355	2777.0	2.9	5.9
1940–2016	Imaging services	108,484	22,881	2,670	54.2	906,542	453.3	8.4	10.3
	<i>Procedure reported^(c)</i>	2,421,265	1,583,086	75,760	1210.8	6,372,197	3186.5	2.6	5.7
	No procedure or not reported	219,432	71,217	11,205	109.7	792,535	396.3	3.6	4.9
Total^(c)		2,640,697	1,654,303	86,965	1,320.5	7,164,732	3,582.8	2.7	5.6

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on Australian population as at 31 December 2003.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.

Table 10.3: Separations^(a), by procedure in ICD-10-AM chapters, public hospitals, states and territories, 2003–04

Procedure chapters		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	19,893	18,515	10,268	7,572	6,853	1,356	1,003	654	66,114
110–129	Procedures on thyroid and parathyroid glands	2,033	1,589	997	385	430	109	86	28	5,657
160–256	Procedures on eye and adnexa	21,764	21,333	9,016	7,103	6,760	374	1,056	590	67,996
300–333	Procedures on ear and mastoid process	5,247	7,680	6,315	2,774	2,730	228	296	315	25,585
370–422	Procedures on nose, mouth and pharynx	11,679	15,482	8,923	4,318	5,284	488	692	344	47,210
450–490	Dental services	6,615	9,741	6,355	3,074	2,641	441	239	269	29,375
520–569	Procedures on respiratory system	25,824	20,099	13,666	6,386	6,551	1,695	1,288	883	76,392
600–767	Procedures on cardiovascular system	52,036	42,914	25,600	14,881	14,762	3,726	5,009	1,619	160,547
800–817	Procedures on blood and blood-forming organs	8,167	8,564	4,957	2,959	1,920	431	772	142	27,912
850–1011	Procedures on digestive system	125,757	105,333	56,721	38,628	35,255	6,005	6,720	3,302	377,721
1040–1129	Procedures on urinary system	211,443	222,655	113,782	75,094	52,805	14,867	17,727	29,132	737,505
1160–1203	Procedures on male genital organs	10,648	11,923	4,830	3,496	3,636	606	368	361	35,868
1240–1299	Gynaecological procedures	41,614	43,167	25,173	11,523	17,379	1,896	1,593	2,173	144,518
1330–1347	Obstetric procedures	54,920	39,565	32,112	16,345	11,689	2,831	2,651	2,075	162,188
1360–1579	Procedures on musculoskeletal system	68,982	55,202	36,261	20,241	17,480	4,165	4,116	2,594	209,041
1600–1718	Dermatological and plastic procedures	44,211	42,774	36,536	15,710	21,315	2,635	2,050	2,461	167,692
1740–1759	Procedures on breast	5,541	5,074	2,954	2,538	1,354	331	222	129	18,143
1780–1799	Chemotherapeutic and radiation oncology procedures	12,427	63,685	30,343	18,797	16,669	3,247	4,675	967	150,810
1820–1916	Non-invasive, cognitive and other interventions, not elsewhere classified	630,277	555,530	303,185	174,318	181,605	36,464	31,168	18,456	1,931,003
1940–2016	Imaging services	136,806	95,490	49,270	26,186	25,933	6,857	5,880	3,591	350,013
	<i>Procedure reported^(b)</i>	<i>927,576</i>	<i>908,313</i>	<i>506,930</i>	<i>294,053</i>	<i>283,066</i>	<i>59,524</i>	<i>58,985</i>	<i>51,859</i>	<i>3,090,306</i>
	No procedure or not reported	397,959	279,216	214,083	73,193	96,043	21,394	10,044	18,257	1,110,189
Total^(b)		1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.4: Separations^(a), by procedure in ICD-10-AM chapters, private hospitals, states and territories, 2003–04

Procedure chapters		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	18,411	16,639	13,668	12,053	8,197	n.p.	n.p.	n.p.	72,546
110–129	Procedures on thyroid and parathyroid glands	1,907	1,216	1,233	566	452	n.p.	n.p.	n.p.	5,607
160–256	Procedures on eye and adnexa	48,520	27,464	32,096	12,016	10,069	n.p.	n.p.	n.p.	136,396
300–333	Procedures on ear and mastoid process	7,989	5,412	4,940	3,649	3,258	n.p.	n.p.	n.p.	26,266
370–422	Procedures on nose, mouth and pharynx	19,280	12,058	11,584	7,079	6,360	n.p.	n.p.	n.p.	58,837
450–490	Dental services	23,869	22,416	16,652	12,596	6,865	n.p.	n.p.	n.p.	85,885
520–569	Procedures on respiratory system	6,558	5,537	7,476	2,297	2,856	n.p.	n.p.	n.p.	25,721
600–767	Procedures on cardiovascular system	34,068	31,784	27,153	8,790	8,821	n.p.	n.p.	n.p.	115,814
800–817	Procedures on blood and blood-forming organs	4,691	3,963	5,486	1,652	1,459	n.p.	n.p.	n.p.	18,249
850–1011	Procedures on digestive system	164,797	155,447	137,942	52,216	36,897	n.p.	n.p.	n.p.	565,809
1040–1129	Procedures on urinary system	52,497	48,086	64,514	38,260	25,539	n.p.	n.p.	n.p.	234,530
1160–1203	Procedures on male genital organs	16,759	11,755	9,477	5,350	3,837	n.p.	n.p.	n.p.	50,164
1240–1299	Gynaecological procedures	51,291	49,945	43,005	15,405	10,514	n.p.	n.p.	n.p.	177,543
1330–1347	Obstetric procedures	20,109	18,385	16,433	10,183	4,890	n.p.	n.p.	n.p.	74,199
1360–1579	Procedures on musculoskeletal system	70,554	60,332	43,915	30,249	24,712	n.p.	n.p.	n.p.	242,295
1600–1718	Dermatological and plastic procedures	45,761	35,502	36,192	16,691	16,805	n.p.	n.p.	n.p.	158,628
1740–1759	Procedures on breast	8,532	6,957	6,695	3,406	2,329	n.p.	n.p.	n.p.	29,371
1780–1799	Chemotherapeutic and radiation oncology procedures	29,230	45,236	46,753	18,207	13,806	n.p.	n.p.	n.p.	160,090
1820–1916	Non-invasive, cognitive and other interventions, not elsewhere classified	565,265	459,854	467,066	190,208	140,226	n.p.	n.p.	n.p.	1,898,709
1940–2016	Imaging services	27,051	26,644	28,523	12,548	8,850	n.p.	n.p.	n.p.	108,484
	<i>Procedure reported^(b)</i>	<i>677,146</i>	<i>606,953</i>	<i>584,007</i>	<i>266,493</i>	<i>190,917</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,421,265</i>
	No procedure or not reported	34,999	73,853	56,040	23,700	15,294	n.p.	n.p.	n.p.	219,432
Total^(b)		712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

n.p. Not published.

Table 10.5: Separations^(a), by number of procedures reported and hospital sector, states and territories, 2003–04

Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Number								
Public hospitals									
Separations ^{(a)(b)}	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495
No procedure reported	397,959	279,216	214,083	73,193	96,043	21,394	10,044	18,257	1,110,189
One procedure code only	363,027	412,377	236,236	134,629	129,582	29,822	30,956	35,338	1,371,967
Two procedure codes only	248,465	239,140	129,918	74,361	77,628	13,904	13,110	8,578	805,104
Three procedure codes only	141,548	113,399	63,920	37,546	37,210	6,832	6,326	3,845	410,626
Four procedure codes only	69,142	57,470	30,447	18,930	16,605	3,394	3,269	1,666	200,923
Five or more procedure codes	105,394	85,927	46,409	28,587	22,041	5,572	5,324	2,432	301,686
Mean procedure codes per separation ^(c)	2.5	2.3	2.3	2.3	2.2	2.2	2.2	1.7	2.3
Maximum number of procedure codes	50	40	50	66	25	50	31	30	..
Private hospitals									
Separations ^{(a)(b)}	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697
No procedure reported	34,999	73,853	56,040	23,700	15,294	n.p.	n.p.	n.p.	219,432
One procedure code only	132,976	166,214	150,118	79,557	49,747	n.p.	n.p.	n.p.	598,893
Two procedure codes only	274,249	246,124	237,779	92,877	67,368	n.p.	n.p.	n.p.	958,915
Three procedure codes only	154,023	105,159	108,511	46,570	35,487	n.p.	n.p.	n.p.	468,723
Four procedure codes only	55,941	40,215	38,012	20,144	15,795	n.p.	n.p.	n.p.	177,535
Five or more procedure codes	59,957	49,241	49,587	27,345	22,520	n.p.	n.p.	n.p.	217,199
Mean procedure codes per separation ^(c)	2.6	2.4	2.4	2.5	2.6	n.p.	n.p.	n.p.	2.5
Maximum number of procedure codes	20	40	50	49	25	n.p.	n.p.	n.p.	..
Per cent									
Public hospitals									
No procedure reported	30.0	23.5	29.7	19.9	25.3	26.4	14.6	26.0	26.4
One procedure code only	27.4	34.7	32.8	36.7	34.2	36.9	44.8	50.4	32.7
Two procedure codes only	18.7	20.1	18.0	20.2	20.5	17.2	19.0	12.2	19.2
Three procedure codes only	10.7	9.5	8.9	10.2	9.8	8.4	9.2	5.5	9.8
Four procedure codes only	5.2	4.8	4.2	5.2	4.4	4.2	4.7	2.4	4.8
Five or more procedure codes	8.0	7.2	6.4	7.8	5.8	6.9	7.7	3.5	7.2
Private hospitals									
No procedure reported	4.9	10.8	8.8	8.2	7.4	n.p.	n.p.	n.p.	8.3
One procedure code only	18.7	24.4	23.5	27.4	24.1	n.p.	n.p.	n.p.	22.7
Two procedure codes only	38.5	36.2	37.2	32.0	32.7	n.p.	n.p.	n.p.	36.3
Three procedure codes only	21.6	15.4	17.0	16.0	17.2	n.p.	n.p.	n.p.	17.7
Four procedure codes only	7.9	5.9	5.9	6.9	7.7	n.p.	n.p.	n.p.	6.7
Five or more procedure codes	8.4	7.2	7.7	9.4	10.9	n.p.	n.p.	n.p.	8.2

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which no procedure codes were reported.

(c) Means are for separations with one or more procedures.

Note: AIHW requested up to 50 procedure codes to be reported.

n.p. Not published.

.. Not applicable.

Table 10.6: Separations^{(a)(b)} for selected procedures^(c), by hospital sector, Australia, 1999–00 to 2003–04

Procedure	Private hospitals					Change 1999–00 to 2003–04	Public hospitals					Change 1999–00 to 2003–04
	1999–00	2000–01	2001–02	2002–03	2003–04		1999–00	2000–01	2001–02	2002–03	2003–04	
Appendectomy	6,624	7,666	7,241	7,380	7,001	377	19,889	19,379	19,408	19,495	19,918	29
Coronary artery bypass graft	7,068	7,046	7,173	6,780	6,583	–485	10,234	9,650	9,102	9,142	8,878	–1,356
Coronary angioplasty	9,089	10,116	11,636	13,943	15,674	6,585	11,487	12,006	12,183	13,598	15,530	4,043
Caesarean section	18,205	20,644	24,504	27,348	28,483	10,278	37,855	39,673	39,838	41,914	44,806	6,951
Cholecystectomy	17,779	20,712	21,337	21,257	20,996	3,217	26,688	25,492	24,582	24,627	25,322	–1,366
Diagnostic gastrointestinal endoscopy	298,680	342,464	349,979	367,946	373,869	75,189	200,716	198,577	190,521	191,636	186,855	–13,861
Hip replacement	11,056	12,441	14,229	15,003	15,660	4,604	11,203	11,227	11,821	12,274	12,818	1,615
Revision of hip replacement	1,651	1,842	1,983	1,986	2,111	460	1,227	1,152	1,282	1,284	1,404	177
Hysterectomy, females aged 15–69	13,339	15,518	17,303	16,262	15,587	2,248	17,251	15,605	14,163	13,483	13,624	–3,627
Lens insertion	84,957	92,364	98,522	105,660	109,324	24,367	39,052	40,385	43,387	46,379	47,001	7,949
Myringotomy	17,281	18,033	18,193	17,922	17,855	574	17,753	16,203	15,076	14,691	14,122	–3,631
Knee replacement	11,880	13,590	16,350	17,579	18,812	6,932	7,520	7,440	8,361	8,851	9,476	1,956
Prostatectomy	13,408	14,133	14,601	15,020	16,224	2,816	10,186	9,885	9,483	9,214	9,359	–827
Arthroscopic procedures (includes arthroscopies)	77,326	83,007	87,326	87,217	90,236	12,910	29,738	27,023	25,641	24,483	24,224	–5,514
Tonsillectomy	14,211	14,222	18,153	17,661	17,430	3,219	18,345	15,963	15,713	15,428	15,163	–3,182
Total^(d)	599,291	670,156	704,607	735,021	751,676	152,385	456,736	447,399	438,040	443,973	445,757	–10,979

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes multiple procedures for the same separation within the same group.

(c) The procedures are defined using ICD-10-AM codes. See Appendix 3.

(d) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.7: Separations^{(a)(b)} for selected procedures^(c), by patient election status, Australia, 1999–00 to 2003–04

Procedure	Private patients					Change 1999–00 to 2003–04	Public patients					Change 1999–00 to 2003–04
	1999–00	2000–01	2001–02	2002–03	2003–04		1999–00	2000–01	2001–02	2002–03	2003–04	
Appendectomy	7,790	9,681	9,259	9,354	9,414	1,624	18,419	17,176	17,211	17,366	17,438	–981
Coronary artery bypass graft	8,488	8,415	8,430	8,036	7,690	–798	8,679	8,207	7,825	7,875	7,753	–926
Coronary angioplasty	10,328	11,374	13,405	16,041	18,356	8,028	10,144	10,516	10,230	11,343	12,833	2,689
Caesarean section	20,983	23,498	28,195	31,010	32,673	11,690	34,557	36,358	35,799	37,935	40,518	5,961
Cholecystectomy	19,130	21,621	22,471	22,567	22,762	3,632	25,154	24,192	23,181	23,129	23,545	–1,609
Diagnostic gastrointestinal endoscopy	315,309	357,823	365,799	385,234	394,867	79,558	182,827	181,312	171,182	172,650	165,702	–17,125
Hip replacement	12,198	13,511	15,388	16,450	17,546	5,348	9,951	9,889	10,394	10,740	10,927	976
Revision of hip replacement	1,818	1,939	2,118	2,153	2,308	490	1,046	1,007	1,104	1,100	1,207	161
Hysterectomy, females aged 15–69	14,657	16,494	18,405	17,411	17,140	2,483	15,776	14,325	12,815	12,196	12,066	–3,710
Lens insertion	90,528	97,917	103,582	111,885	116,916	26,388	32,327	33,902	36,382	39,389	39,377	7,050
Myringotomy	19,677	20,155	20,000	20,024	19,966	289	15,266	13,835	13,023	12,488	12,002	–3,264
Knee replacement	12,149	13,679	16,415	17,834	19,465	7,316	7,130	7,081	8,091	8,542	8,822	1,692
Prostatectomy	14,485	14,834	15,214	15,728	17,178	2,693	9,055	8,947	8,641	8,404	8,399	–656
Arthroscopic procedures (includes arthroscopies)	78,849	83,520	88,203	89,102	92,616	13,767	27,565	25,103	23,835	22,328	21,817	–5,748
Tonsillectomy	16,489	16,042	19,910	19,592	19,650	3,161	15,952	13,935	13,843	13,449	12,942	–3,010
Total^(d)	639,288	706,671	742,603	778,151	803,988	164,700	411,795	403,809	391,388	396,769	392,995	–18,800

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes multiple procedures for the same separation within the same group.

(c) The procedures are defined using ICD-10-AM codes. See Appendix 3.

(d) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.8: Number of procedures^(a), by ICD-10-AM chapter, public hospitals, states and territories, 2003–04

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	24,085	23,103	13,202	10,293	7,570	1,758	1,299	728	82,038
110–129 Procedures on thyroid and parathyroid glands	2,206	1,704	1,125	497	455	115	107	29	6,238
160–256 Procedures on eye and adnexa	25,243	24,384	10,683	8,295	7,591	424	1,132	713	78,465
300–333 Procedures on ear and mastoid process	6,165	8,825	7,051	3,149	3,015	272	343	353	29,173
370–422 Procedures on nose, mouth and pharynx	16,811	23,489	11,560	6,490	7,914	698	1,123	436	68,521
450–490 Dental services	31,201	31,662	32,763	15,278	11,466	2,097	811	1,175	126,453
520–569 Procedures on respiratory system	45,145	38,006	24,443	11,586	11,369	2,746	2,423	1,789	137,507
600–767 Procedures on cardiovascular system	91,848	73,223	44,949	26,583	23,868	7,122	7,735	2,476	277,804
800–817 Procedures on blood and blood-forming organs	8,753	8,927	5,308	3,189	2,044	451	804	145	29,621
850–1011 Procedures on digestive system	175,355	135,338	74,558	50,624	46,102	7,812	8,918	4,295	503,002
1040–1129 Procedures on urinary system	224,602	229,922	118,491	78,467	55,549	15,433	18,373	29,361	770,198
1160–1203 Procedures on male genital organs	11,415	12,687	5,522	3,817	3,939	664	427	383	38,854
1240–1299 Gynaecological procedures	66,083	70,095	38,520	19,287	24,433	2,484	2,563	2,687	226,152
1330–1347 Obstetric procedures	97,672	72,765	61,523	35,250	22,826	5,038	5,055	3,397	303,526
1360–1579 Procedures on musculoskeletal system	89,437	78,750	47,857	27,959	22,801	5,745	5,405	3,759	281,713
1600–1718 Dermatological and plastic procedures	65,086	64,916	56,755	24,651	32,158	3,909	2,965	3,781	254,221
1740–1759 Procedures on breast	7,231	6,381	3,842	3,579	1,627	447	249	151	23,507
1780–1799 Chemotherapeutic and radiation oncology procedures	13,942	67,380	32,351	19,902	18,848	3,312	4,815	973	161,523
1820–1916 Non-invasive, cognitive and other interventions, not elsewhere classified	1,142,406	979,359	500,313	297,483	280,985	63,733	54,458	28,419	3,347,156
1940–2016 Imaging services	190,052	129,448	63,164	34,446	32,899	9,299	7,938	4,551	471,797
Total procedures	2,334,738	2,080,364	1,153,980	680,825	617,459	133,559	126,943	89,601	7,217,469

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Table 10.9: Number of procedures^(a), by ICD-10-AM chapter, private hospitals, states and territories, 2003–04

Procedure chapters		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	24,363	24,109	20,928	21,256	10,307	n.p.	n.p.	n.p.	106,027
110–129	Procedures on thyroid and parathyroid glands	2,094	1,315	1,353	670	491	n.p.	n.p.	n.p.	6,182
160–256	Procedures on eye and adnexa	56,082	30,518	39,621	14,098	11,583	n.p.	n.p.	n.p.	158,679
300–333	Procedures on ear and mastoid process	9,208	6,037	5,598	4,088	3,734	n.p.	n.p.	n.p.	29,795
370–422	Procedures on nose, mouth and pharynx	35,665	20,321	20,958	12,600	13,513	n.p.	n.p.	n.p.	107,749
450–490	Dental services	79,521	59,579	58,136	52,471	26,888	n.p.	n.p.	n.p.	291,082
520–569	Procedures on respiratory system	9,063	8,487	11,250	3,316	4,369	n.p.	n.p.	n.p.	37,921
600–767	Procedures on cardiovascular system	67,176	59,414	54,345	15,540	16,833	n.p.	n.p.	n.p.	221,758
800–817	Procedures on blood and blood-forming organs	5,108	4,138	5,747	1,757	1,544	n.p.	n.p.	n.p.	19,364
850–1011	Procedures on digestive system	225,980	192,837	179,078	68,372	48,601	n.p.	n.p.	n.p.	738,948
1040–1129	Procedures on urinary system	66,508	54,133	71,525	42,506	29,029	n.p.	n.p.	n.p.	271,524
1160–1203	Procedures on male genital organs	17,692	12,433	10,050	5,656	4,113	n.p.	n.p.	n.p.	53,195
1240–1299	Gynaecological procedures	80,547	77,072	60,188	24,795	16,961	n.p.	n.p.	n.p.	271,233
1330–1347	Obstetric procedures	40,474	36,367	31,557	24,023	10,363	n.p.	n.p.	n.p.	150,590
1360–1579	Procedures on musculoskeletal system	99,036	88,309	59,695	42,021	37,051	n.p.	n.p.	n.p.	343,472
1600–1718	Dermatological and plastic procedures	85,333	68,297	81,064	30,863	34,109	n.p.	n.p.	n.p.	313,637
1740–1759	Procedures on breast	11,238	8,767	8,879	4,663	2,822	n.p.	n.p.	n.p.	38,098
1780–1799	Chemotherapeutic and radiation oncology procedures	29,667	47,737	49,478	19,071	15,065	n.p.	n.p.	n.p.	168,031
1820–1916	Non-invasive, cognitive and other interventions, not elsewhere classified	765,086	609,407	621,004	259,404	200,390	n.p.	n.p.	n.p.	2,553,885
1940–2016	Imaging services	33,969	34,340	37,384	15,940	10,899	n.p.	n.p.	n.p.	138,516
Total procedures		1,743,810	1,443,617	1,427,838	663,110	498,665	n.p.	n.p.	n.p.	6,019,686

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

Table 10.10: Separation^(a) and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, public hospitals, Australia, 2003–04

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1916 Generalised allied health interventions	732,840	609,037	8,641,575	11.8	1,399,823
1910 Cerebral anaesthesia	532,846	447,592	3,441,426	6.5	598,031
1952 Computerised tomography of brain	108,031	86,197	1,337,644	12.4	110,930
1893 Transfusion of blood and gamma globulin	106,530	86,318	1,490,890	14.0	128,866
1909 Conduction anaesthesia	97,049	82,573	731,441	7.5	99,341
1885 Injection or infusion of therapeutic or prophylactic substance	68,896	57,052	930,808	13.5	89,663
1912 Postprocedural analgesia	60,520	50,489	518,367	8.6	62,244
1344 Postpartum suture	51,131	46,892	172,303	3.4	52,037
1340 Caesarean section	44,649	39,746	238,920	5.4	44,677
738 Venous catheterisation	44,292	36,303	964,010	21.8	50,109
1334 Medical or surgical induction of labour	42,934	39,141	174,426	4.1	44,022
1335 Medical or surgical augmentation of labour	41,035	38,211	139,845	3.4	41,118
1963 Computerised tomography of abdomen and pelvis	39,309	31,605	479,585	12.2	40,303
1333 Analgesia and anaesthesia during labour and caesarean section	34,550	31,096	150,095	4.3	34,640
668 Coronary angiography	30,155	24,786	200,445	6.6	30,524
2015 Magnetic resonance imaging	28,192	22,314	437,918	15.5	30,800
1962 Computerised tomography of abdomen	27,710	22,713	310,166	11.2	28,304
569 Continuous ventilatory support	27,419	22,018	584,969	21.3	53,362
965 Cholecystectomy	24,711	22,370	103,830	4.2	24,764
1960 Computerised tomography of chest	21,804	17,637	336,842	15.4	22,309
607 Examination procedures on ventricle	21,240	17,441	134,071	6.3	21,309
926 Appendectomy	19,836	17,035	80,393	4.1	19,922
1966 Other computerised tomography	19,502	15,989	252,461	12.9	20,200
1780 Chemotherapy administration	19,296	15,727	188,154	9.8	20,472
2006 Lung perfusion or ventilation study	18,838	14,954	223,287	11.9	18,940
1343 Other procedures associated with delivery	18,777	16,724	71,328	3.8	18,872
1008 Panendoscopy with excision	18,572	15,637	185,479	10.0	18,837
957 Examination of gallbladder or biliary tract	17,648	15,784	82,827	4.7	18,220
1341 Foetal monitoring	17,313	16,508	69,250	4.0	17,988
1635 Repair of wound of skin and subcutaneous tissue	16,425	12,293	134,978	8.2	19,543
Other	1,287,188	1,060,325	13,860,430	10.8	1,378,863
No procedure or not reported	724,966	634,192	3,153,383	4.3	..
Total^(b)	2,143,331	1,831,814	14,361,294	6.7	4,559,033

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

.. Not applicable.

Table 10.11: Separation^(a) and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, private hospitals, Australia, 2003–04

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1910 Cerebral anaesthesia	500,735	6,876	2,145,614	4.3	528,761
1916 Generalised allied health interventions	281,122	6,604	2,914,411	10.4	406,115
1909 Conduction anaesthesia	100,163	1,271	631,042	6.3	102,140
1912 Postprocedural analgesia	56,388	1,272	413,245	7.3	57,391
1893 Transfusion of blood and gamma globulin	52,723	849	604,199	11.5	59,816
668 Coronary angiography	32,505	0	142,578	4.4	32,874
1340 Caesarean section	28,463	670	172,088	6.0	28,470
607 Examination procedures on ventricle	27,713	0	118,190	4.3	27,769
1828 Sleep study	26,480	158	30,718	1.2	26,697
1333 Analgesia and anaesthesia during labour and caesarean section	24,390	607	125,653	5.2	24,418
1334 Medical or surgical induction of labour	22,239	772	110,482	5.0	22,736
1344 Postpartum suture	21,761	555	99,490	4.6	21,865
965 Cholecystectomy	20,760	610	65,034	3.1	20,793
990 Repair of inguinal hernia	20,373	304	35,491	1.7	20,444
1952 Computerised tomography of brain	17,563	783	234,625	13.4	17,990
412 Tonsillectomy or adenoidectomy	16,795	200	18,435	1.1	16,813
1518 Arthroplasty of knee	16,402	233	136,275	8.3	16,722
957 Examination of gallbladder or biliary tract	16,215	491	48,234	3.0	16,502
1885 Injection or infusion of therapeutic or prophylactic substance	15,781	498	180,549	11.4	17,817
1335 Medical or surgical augmentation of labour	15,561	556	73,266	4.7	15,585
1620 Excision of lesion of skin and subcutaneous tissue	15,454	149	59,235	3.8	29,014
986 Division of abdominal adhesions	14,871	276	106,684	7.2	15,040
1489 Arthroplasty of hip	13,695	183	132,022	9.6	13,749
671 Transluminal coronary angioplasty with stenting	13,561	0	44,962	3.3	13,862
1780 Chemotherapy administration	13,459	54	84,188	6.3	14,244
1343 Other procedures associated with delivery	12,655	226	61,075	4.8	12,692
1165 Transurethral prostatectomy	12,382	208	59,041	4.8	12,430
905 Fiberoptic colonoscopy	11,898	155	67,370	5.7	12,085
738 Venous catheterisation	11,649	160	229,278	19.7	12,879
1089 Examination procedures on bladder	11,546	158	52,794	4.6	11,620
Other	929,168	14,983	6,151,013	6.6	1,006,424
No procedure or not reported	148,215	8,291	721,318	4.9	..
Total^(b)	986,394	25,039	5,510,429	5.6	2,635,757

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

.. Not applicable.

Table 10.12: Separation^(a) and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, public hospitals, Australia, 2003–04

Procedure block	Separations	Public patient separations	Separations per 10,000 population ^(b)	Total procedures reported
1060 Haemodialysis	622,142	553,653	311.1	622,302
1910 Cerebral anaesthesia	529,625	449,730	264.8	530,355
1780 Chemotherapy administration	119,185	106,209	59.6	122,771
1885 Injection or infusion of therapeutic or prophylactic substance	64,183	56,076	32.1	67,431
1008 Panendoscopy with excision	57,688	50,479	28.8	57,951
905 Fibreoptic colonoscopy	56,830	50,212	28.4	56,866
1893 Transfusion of blood and gamma globulin	50,171	42,673	25.1	51,981
1620 Excision of lesion of skin and subcutaneous tissue	45,188	39,882	22.6	65,227
911 Fibreoptic colonoscopy with excision	41,586	36,863	20.8	42,919
197 Extracapsular crystalline lens extraction by phacoemulsification	41,460	32,624	20.7	41,472
1909 Conduction anaesthesia	40,648	33,500	20.3	40,760
1916 Generalised allied health interventions	36,007	32,869	18.0	50,680
1265 Curettage of uterus	34,935	30,929	17.5	34,957
1089 Examination procedures on bladder	25,203	22,822	12.6	25,209
1259 Examination procedures on uterus	24,729	21,600	12.4	24,748
1267 Evacuation of gravid uterus	24,275	20,969	12.1	24,954
1005 Panendoscopy	21,099	18,338	10.6	21,108
1952 Computerised tomography of brain	18,038	15,812	9.0	18,064
1890 Therapeutic interventions on cardiovascular system	17,677	15,701	8.8	17,909
668 Coronary angiography	12,382	10,219	6.2	12,393
458 Surgical removal of tooth	12,261	7,852	6.1	29,667
1275 Destruction procedures on cervix	11,996	10,752	6.0	12,785
1279 Examination procedures on vagina	11,584	10,872	5.8	11,608
309 Myringotomy	11,192	9,393	5.6	11,308
1635 Repair of wound of skin and subcutaneous tissue	11,178	9,620	5.6	12,060
457 Non-surgical removal of tooth	11,021	9,744	5.5	37,758
76 Release of carpal and tarsal tunnel	10,587	9,428	5.3	10,962
607 Examination procedures on ventricle	10,392	8,563	5.2	10,410
1907 Electroconvulsive therapy	10,164	9,610	5.1	10,164
1554 Other application, insertion or removal procedures on other musculoskeleta	10,155	8,668	5.1	10,635
Other	519,426	441,609	259.7	571,022
No procedure or not reported	385,223	352,806	192.6	..
Total^(c)	2,057,164	1,814,554	1,028.7	2,658,436

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on the Australian estimated resident population as at 31 December 2003.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

.. Not applicable.

Table 10.13: Separation^(a) and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, private hospitals, Australia, 2003–04

Procedure block	Separations	Public patient separations	Separations per 10,000 population ^(b)	Total procedures reported
1910 Cerebral anaesthesia	966,859	10,783	483.5	967,785
905 Fibreoptic colonoscopy	157,214	1,216	78.6	157,265
1008 Panendoscopy with excision	152,604	1,314	76.3	153,500
1780 Chemotherapy administration	140,952	3,974	70.5	146,850
1060 Haemodialysis	133,611	36,762	66.8	133,617
911 Fibreoptic colonoscopy with excision	123,325	1,449	61.7	126,710
197 Extracapsular crystalline lens extraction by phacoemulsification	90,673	2,476	45.3	90,700
1620 Excision of lesion of skin and subcutaneous tissue	78,475	916	39.2	129,655
1909 Conduction anaesthesia	67,512	2,150	33.8	68,131
458 Surgical removal of tooth	66,573	57	33.3	180,707
1267 Evacuation of gravid uterus	45,679	243	22.8	45,831
1885 Injection or infusion of therapeutic or prophylactic substance	44,402	2,562	22.2	51,015
1005 Panendoscopy	43,403	389	21.7	43,410
1916 Generalised allied health interventions	41,479	84	20.7	51,547
1265 Curettage of uterus	37,055	408	18.5	37,082
1890 Therapeutic interventions on cardiovascular system	32,221	223	16.1	32,327
1089 Examination procedures on bladder	31,293	842	15.6	31,300
1259 Examination procedures on uterus	29,552	288	14.8	29,565
1297 Procedures for reproductive medicine	27,936	365	14.0	28,337
1873 Psychological/psychosocial therapies	26,458	1	13.2	28,211
1517 Arthroscopic meniscectomy of knee with repair	24,455	146	12.2	24,869
1893 Transfusion of blood and gamma globulin	21,483	691	10.7	22,347
668 Coronary angiography	18,618	599	9.3	18,636
1651 Local skin flap, simple and small, single stage	17,559	83	8.8	19,770
607 Examination procedures on ventricle	15,775	552	7.9	15,782
309 Myringotomy	15,687	157	7.8	15,789
76 Release of carpal and tarsal tunnel	15,640	189	7.8	17,042
941 Procedures for haemorrhoids	14,599	74	7.3	15,961
1503 Arthroscopic excision of knee	13,394	99	6.7	14,117
457 Non-surgical removal of tooth	10,496	68	5.2	23,314
Other	579,950	9,090	290.0	662,757
No procedure or not reported	71,217	2,914	35.6	..
Total^(c)	1,654,303	61,926	827.2	3,383,929

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Crude rate based on the Australian estimated resident population as at 31 December 2003.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

.. Not applicable.

Table 10.14: Separation^(a) and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of separations, private free-standing day hospitals, Australia^(b), 2003–04

Procedure block	Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(c)	Total procedures reported
1910 Cerebral anaesthesia	286,041	285,968	511	143.0	286,352
1008 Panendoscopy with excision	65,598	65,597	0	32.8	65,894
905 Fibreoptic colonoscopy	64,583	64,583	0	32.3	64,605
911 Fibreoptic colonoscopy with excision	46,779	46,778	0	23.4	47,818
197 Extracapsular crystalline lens extraction by phacoemulsification	45,753	45,753	397	22.9	45,771
1060 Haemodialysis	36,902	36,902	13,124	18.5	36,902
1267 Evacuation of gravid uterus	35,908	35,908	17	18.0	35,966
1620 Excision of lesion of skin and subcutaneous tissue	32,063	32,062	250	16.0	51,626
1780 Chemotherapy administration	31,818	31,818	504	15.9	31,921
1909 Conduction anaesthesia	29,597	29,597	755	14.8	30,064
1005 Panendoscopy	22,239	22,238	0	11.1	22,241
1885 Injection or infusion of therapeutic or prophylactic substance	17,029	17,028	0	8.5	22,313
1890 Therapeutic interventions on cardiovascular system	16,892	16,892	0	8.4	16,893
458 Surgical removal of tooth	12,866	12,863	0	6.4	34,689
1297 Procedures for reproductive medicine	12,303	12,303	365	6.2	12,627
1893 Transfusion of blood and gamma globulin	7,440	7,440	1	3.7	8,011
1651 Local skin flap, simple and small, single stage	7,362	7,361	51	3.7	8,265
668 Coronary angiography	4,899	4,899	320	2.4	4,916
1265 Curettage of uterus	4,160	4,160	2	2.1	4,163
1649 Other full thickness skin graft	3,986	3,986	66	2.0	4,206
457 Non-surgical removal of tooth	3,707	3,704	1	1.9	6,794
941 Procedures for haemorrhoids	3,698	3,698	0	1.8	3,950
607 Examination procedures on ventricle	3,234	3,234	309	1.6	3,239
466 Tooth coloured adhesive restoration, direct	3,201	3,199	0	1.6	9,301
1259 Examination procedures on uterus	3,135	3,135	1	1.6	3,135
1888 Hyperbaric oxygen therapy	3,133	3,133	1,043	1.6	3,133
1517 Arthroscopic meniscectomy of knee with repair	3,006	2,992	0	1.5	3,056
1089 Examination procedures on bladder	2,943	2,943	0	1.5	2,946
1870 Interventions involving assistive or adaptive device, aid or equipment	2,851	2,851	258	1.4	2,851
1828 Sleep study	2,501	5	1	1.3	2,517
Other	139,636	837	138,788	69.8	159,631
No procedure or not reported	1,767	1,767	6	0.9	..
Total^(d)	486,386	483,291	16,382	243.2	1,035,796

(a) Selected statistics for separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes separations from private free-standing hospitals in Tasmania.

(c) Crude rate based on the Australian estimated resident population as at 31 December 2003.

(d) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

.. Not applicable.

Table 10.15: Separations^(a) for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2003–04

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	347,122	306,402	166,336	99,511	96,937	17,937	17,603	10,623	1,062,471
1916 Generalised allied health interventions	273,949	209,473	121,041	69,947	61,672	13,711	12,483	6,571	768,847
1060 Haemodialysis	179,678	194,599	96,836	63,136	43,518	12,937	15,954	28,410	635,068
1893 Transfusion of blood and gamma globulin	52,344	44,635	22,335	14,801	15,724	3,060	2,560	1,242	156,701
1780 Chemotherapy administration	8,452	60,004	28,618	17,754	15,336	2,873	4,500	944	138,481
1909 Conduction anaesthesia	42,359	42,976	24,360	11,464	10,556	2,516	1,855	1,611	137,697
1885 Injection or infusion of therapeutic or prophylactic substance	41,502	38,384	16,953	11,772	16,385	3,996	3,016	1,071	133,079
1952 Computerised tomography of brain	46,538	38,251	18,176	9,129	8,442	2,279	1,964	1,290	126,069
1008 Panendoscopy with excision	26,422	21,289	9,473	8,563	7,079	842	1,791	801	76,260
905 Fibreoptic colonoscopy	24,800	18,914	9,538	7,446	7,151	858	1,137	564	70,408
1912 Postprocedural analgesia	24,861	10,262	9,987	7,759	3,689	2,147	1,929	119	60,753
1620 Excision of lesion of skin and subcutaneous tissue	13,896	15,391	12,352	4,819	7,221	939	399	295	55,312
1344 Postpartum suture	20,898	12,393	8,565	4,119	3,572	912	1,182	675	52,316
911 Fibreoptic colonoscopy with excision	18,498	13,267	6,175	7,221	4,720	645	1,227	432	52,185
738 Venous catheterisation	16,779	11,992	9,648	3,976	3,331	1,266	1,075	831	48,898
1340 Caesarean section	15,465	11,386	8,551	3,836	3,378	777	687	726	44,806
1334 Medical or surgical induction of labour	14,516	12,249	8,198	3,983	3,596	825	617	548	44,532
197 Extracapsular crystalline lens extraction by phacoemulsification	15,018	13,757	5,602	4,417	4,040	169	905	385	44,293
1963 Computerised tomography of abdomen and pelvis	18,306	13,527	5,322	1,460	2,554	950	489	508	43,116
668 Coronary angiography	14,703	9,735	6,115	5,157	4,223	1,061	1,247	296	42,537
1335 Medical or surgical augmentation of labour	15,453	9,883	8,588	3,068	2,865	760	842	539	41,998
1265 Curettage of uterus ^(b)	13,262	13,963	5,666	3,460	2,851	234	500	269	40,205
1005 Panendoscopy	10,450	11,502	5,329	3,580	3,994	562	252	221	35,890
1333 Analgesia and anaesthesia during labour and caesarean section	11,399	8,292	6,332	3,750	3,424	617	666	314	34,794
1089 Examination procedures on bladder	7,981	10,662	4,980	4,651	3,939	713	467	211	33,604
2015 Magnetic resonance imaging	11,789	10,035	4,202	2,021	2,848	661	661	278	32,495
607 Examination procedures on ventricle	9,924	7,738	4,440	4,519	3,074	571	1,093	273	31,632
1962 Computerised tomography of abdomen	12,794	6,386	4,939	3,420	2,076	382	985	397	31,379
1267 Evacuation of gravid uterus	7,606	9,405	3,278	2,136	6,362	433	280	1,145	30,645
569 Continuous ventilatory support	10,220	8,331	4,950	2,307	2,496	580	615	485	29,984
Other	652,357	542,006	348,939	193,898	188,501	38,942	32,358	18,788	2,015,789
No procedure or not reported	397,959	279,216	214,083	73,193	96,043	21,394	10,044	18,257	1,110,189
Total^(c)	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes one separation from a public psychiatric hospital in New South Wales with a length of stay of several years.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.16: Separations^(a) for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2003–04

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	449,041	359,146	334,892	149,867	113,495	n.p.	n.p.	n.p.	1,467,594
1916 Generalised allied health interventions	97,584	83,614	69,482	27,531	32,144	n.p.	n.p.	n.p.	322,601
905 Fiberoptic colonoscopy	54,568	48,051	39,951	11,093	10,741	n.p.	n.p.	n.p.	169,112
1909 Conduction anaesthesia	53,355	41,426	39,951	14,965	10,332	n.p.	n.p.	n.p.	167,675
1008 Panendoscopy with excision	51,937	42,486	41,994	14,774	8,311	n.p.	n.p.	n.p.	163,616
1780 Chemotherapy administration	28,040	43,234	45,294	17,657	13,533	n.p.	n.p.	n.p.	154,411
1060 Haemodialysis	21,918	27,102	42,837	26,655	16,627	n.p.	n.p.	n.p.	135,163
911 Fiberoptic colonoscopy with excision	41,638	32,522	31,922	16,178	7,019	n.p.	n.p.	n.p.	132,698
197 Extracapsular crystalline lens extraction by phacoemulsification	37,542	19,219	24,178	8,820	6,505	n.p.	n.p.	n.p.	100,596
1620 Excision of lesion of skin and subcutaneous tissue	26,668	19,610	23,737	9,244	9,871	n.p.	n.p.	n.p.	93,929
1893 Transfusion of blood and gamma globulin	14,524	19,298	23,007	7,200	7,246	n.p.	n.p.	n.p.	74,206
458 Surgical removal of tooth	20,159	18,813	14,298	10,011	5,260	n.p.	n.p.	n.p.	70,984
1885 Injection or infusion of therapeutic or prophylactic substance	9,234	13,416	26,187	6,923	2,705	n.p.	n.p.	n.p.	60,183
1912 Postprocedural analgesia	17,723	7,203	13,824	9,062	6,680	n.p.	n.p.	n.p.	56,533
668 Coronary angiography	17,158	12,619	12,037	3,486	3,625	n.p.	n.p.	n.p.	51,123
1005 Panendoscopy	10,706	19,957	10,883	2,804	4,486	n.p.	n.p.	n.p.	50,023
1267 Evacuation of gravid uterus	10,429	16,502	14,702	3,895	868	n.p.	n.p.	n.p.	47,052
607 Examination procedures on ventricle	13,418	10,930	10,817	3,278	3,287	n.p.	n.p.	n.p.	43,488
1089 Examination procedures on bladder	12,363	9,765	9,400	5,396	3,348	n.p.	n.p.	n.p.	42,839
1265 Curettage of uterus	13,686	12,847	7,380	3,911	2,569	n.p.	n.p.	n.p.	42,284
1890 Therapeutic interventions on cardiovascular system	2,105	8,507	20,459	1,480	1,503	n.p.	n.p.	n.p.	35,124
1259 Examination procedures on uterus	9,834	9,907	6,240	3,176	2,691	n.p.	n.p.	n.p.	33,455
1873 Psychological/psychosocial therapies	14,403	2,533	13,030	3,088	326	n.p.	n.p.	n.p.	33,388
1517 Arthroscopic meniscectomy of knee with repair	8,113	7,234	5,051	3,270	4,781	n.p.	n.p.	n.p.	30,168
1340 Caesarean section	7,284	6,793	6,831	4,101	1,987	n.p.	n.p.	n.p.	28,483
1297 Procedures for reproductive medicine	9,684	7,569	6,814	713	1,679	n.p.	n.p.	n.p.	27,997
1828 Sleep study	8,904	7,883	5,314	834	2,598	n.p.	n.p.	n.p.	26,682
990 Repair of inguinal hernia	7,936	5,453	5,316	2,752	1,801	n.p.	n.p.	n.p.	24,654
1333 Analgesia and anaesthesia during labour and caesarean section	7,174	5,660	4,368	4,070	2,182	n.p.	n.p.	n.p.	24,407
1334 Medical or surgical induction of labour	6,092	5,613	4,413	3,134	1,711	n.p.	n.p.	n.p.	22,399
Other	507,330	389,277	383,483	205,152	161,477	n.p.	n.p.	n.p.	1,726,535
No procedure or not reported	34,999	73,853	56,040	23,700	15,294	n.p.	n.p.	n.p.	219,432
Total^(b)	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

n.p. Not published.

Table 10.17: Average length of stay^(a) (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2003–04

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	4.1	3.3	3.7	3.7	3.5	4.5	4.0	4.5	3.7
1916 Generalised allied health interventions	11.5	11.1	10.6	11.8	11.7	12.1	11.0	11.5	11.3
1060 Haemodialysis	1.3	1.2	1.2	1.3	1.3	1.3	1.2	1.2	1.2
1893 Transfusion of blood and gamma globulin	11.0	9.0	9.5	10.1	8.1	9.8	10.9	14.0	9.8
1780 Chemotherapy administration	7.9	1.7	2.0	1.9	2.0	2.0	2.1	1.6	2.2
1909 Conduction anaesthesia	5.7	5.3	5.3	6.8	5.5	7.4	4.4	7.3	5.6
1885 Injection or infusion of therapeutic or prophylactic substance	8.6	6.7	9.2	7.8	5.1	5.9	6.2	11.5	7.5
1952 Computerised tomography of brain	11.1	9.2	10.2	13.6	13.5	11.4	12.3	10.6	10.8
1008 Panendoscopy with excision	3.7	2.6	3.2	2.7	3.3	4.7	3.2	3.6	3.2
905 Fiberoptic colonoscopy	2.7	2.4	2.4	2.4	2.3	3.1	2.1	3.1	2.5
1912 Postprocedural analgesia	8.3	9.2	8.1	8.0	9.5	10.1	8.3	11.4	8.5
1620 Excision of lesion of skin and subcutaneous tissue	4.4	1.9	1.9	1.9	1.6	1.9	1.8	4.1	2.5
1344 Postpartum suture	3.4	3.3	2.9	3.7	3.5	3.9	3.4	3.8	3.3
911 Fiberoptic colonoscopy with excision	3.0	2.4	2.9	2.3	2.6	3.9	2.3	2.2	2.7
738 Venous catheterisation	20.5	20.7	17.0	21.4	20.6	17.2	18.5	21.2	19.8
1340 Caesarean section	5.5	5.4	4.5	5.6	5.9	5.5	6.1	6.3	5.3
1334 Medical or surgical induction of labour	4.1	3.7	3.5	4.1	4.4	4.6	4.7	4.9	4.0
197 Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.1	1.0	1.1	1.1	1.3	1.1	1.7	1.1
1963 Computerised tomography of abdomen and pelvis	11.4	10.7	10.1	13.5	12.9	11.7	9.6	12.9	11.2
668 Coronary angiography	6.3	4.9	4.6	3.5	3.7	4.3	2.6	8.5	5.0
1335 Medical or surgical augmentation of labour	3.4	3.4	2.8	3.8	3.6	4.3	3.6	4.2	3.4
1265 Curettage of uterus ^(b)	1.2	1.2	1.3	1.4	1.2	1.4	1.2	1.3	1.2
1005 Panendoscopy	7.8	5.2	5.7	6.4	4.5	9.8	8.7	8.5	6.2
1333 Analgesia and anaesthesia during labour and caesarean section	4.5	4.3	3.8	4.5	4.5	5.1	4.7	5.0	4.3
1089 Examination procedures on bladder	2.9	2.5	2.3	2.6	2.1	2.7	2.6	3.4	2.5
2015 Magnetic resonance imaging	14.3	12.6	12.6	16.0	13.1	14.2	15.4	15.7	13.6
607 Examination procedures on ventricle	5.8	4.6	4.1	3.4	3.4	4.5	2.4	8.0	4.6
1962 Computerised tomography of abdomen	10.6	8.1	9.3	11.6	10.6	8.8	11.5	10.1	10.0
1267 Evacuation of gravid uterus	1.1	1.0	1.1	1.1	1.1	1.1	1.1	1.1	1.1
569 Continuous ventilatory support	19.1	19.3	18.7	22.6	22.0	20.0	17.8	20.8	19.6
Total	4.4	3.6	3.6	3.9	4.1	4.4	3.4	3.0	3.9

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes one separation from a public psychiatric hospital in New South Wales with a length of stay of several years.

Table 10.18: Average length of stay^(a) (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2003–04

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	1.9	2.1	2.2	2.3	2.2	n.p.	n.p.	n.p.	2.1
1916 Generalised allied health interventions	8.2	9.7	9.8	10.7	7.6	n.p.	n.p.	n.p.	9.2
905 Fibreoptic colonoscopy	1.2	1.3	1.4	1.5	1.4	n.p.	n.p.	n.p.	1.3
1909 Conduction anaesthesia	3.2	4.5	4.3	5.7	4.4	n.p.	n.p.	n.p.	4.2
1008 Panendoscopy with excision	1.2	1.4	1.6	1.8	1.6	n.p.	n.p.	n.p.	1.5
1780 Chemotherapy administration	1.2	1.5	1.6	1.4	1.4	n.p.	n.p.	n.p.	1.5
1060 Haemodialysis	1.2	1.2	1.2	1.1	1.1	n.p.	n.p.	n.p.	1.2
911 Fibreoptic colonoscopy with excision	1.2	1.3	1.4	1.4	1.5	n.p.	n.p.	n.p.	1.3
197 Extracapsular crystalline lens extraction by phacoemulsification	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
1620 Excision of lesion of skin and subcutaneous tissue	1.5	1.4	1.5	1.7	1.3	n.p.	n.p.	n.p.	1.5
1893 Transfusion of blood and gamma globulin	9.2	8.6	7.3	8.9	8.9	n.p.	n.p.	n.p.	8.4
458 Surgical removal of tooth	1.0	1.0	1.1	1.0	1.1	n.p.	n.p.	n.p.	1.0
1885 Injection or infusion of therapeutic or prophylactic substance	4.5	4.1	3.0	3.9	4.4	n.p.	n.p.	n.p.	3.7
1912 Postprocedural analgesia	6.8	8.4	7.3	7.7	6.6	n.p.	n.p.	n.p.	7.3
668 Coronary angiography	2.4	3.4	3.9	3.4	3.5	n.p.	n.p.	n.p.	3.2
1005 Panendoscopy	2.0	1.8	2.9	3.3	2.1	n.p.	n.p.	n.p.	2.2
1267 Evacuation of gravid uterus	1.0	1.0	1.0	1.0	1.1	n.p.	n.p.	n.p.	1.0
607 Examination procedures on ventricle	2.5	3.3	3.7	3.3	3.3	n.p.	n.p.	n.p.	3.1
1089 Examination procedures on bladder	1.7	1.9	2.0	2.5	1.9	n.p.	n.p.	n.p.	2.0
1265 Curettage of uterus	1.1	1.1	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.1
1890 Therapeutic interventions on cardiovascular system	2.5	1.7	1.4	2.9	2.7	n.p.	n.p.	n.p.	1.6
1259 Examination procedures on uterus	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
1873 Psychological/psychosocial therapies	6.2	9.0	2.8	2.4	13.5	n.p.	n.p.	n.p.	4.8
1517 Arthroscopic meniscectomy of knee with repair	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
1340 Caesarean section	6.0	5.9	5.5	7.0	6.6	n.p.	n.p.	n.p.	6.0
1297 Procedures for reproductive medicine	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1828 Sleep study	1.2	1.1	1.3	1.1	1.1	n.p.	n.p.	n.p.	1.2
990 Repair of inguinal hernia	1.6	1.6	1.5	1.8	1.8	n.p.	n.p.	n.p.	1.6
1333 Analgesia and anaesthesia during labour and caesarean section	5.0	5.0	4.8	5.6	5.5	n.p.	n.p.	n.p.	5.1
1334 Medical or surgical induction of labour	5.0	4.8	4.5	5.3	5.4	n.p.	n.p.	n.p.	4.9
Total	2.6	2.7	2.8	2.8	2.7	n.p.	n.p.	n.p.	2.7

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

Table 10.19: Separations^(a) for males for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2003–04

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
1910 Cerebral anaesthesia	10,018	42,888	70,259	90,989	97,431	127,962	162,329	196,950	183,931	144,702	27,685	1,155,144
1916 Generalised allied health interventions	9,044	6,128	11,718	25,403	30,133	37,212	49,023	71,071	93,495	112,239	43,601	489,067
1060 Haemodialysis	2	56	109	7,480	23,799	44,628	69,921	90,273	112,801	95,113	7,448	451,630
1780 Chemotherapy administration	122	1,709	2,443	3,244	3,420	7,579	19,124	36,834	41,151	20,539	1,735	137,900
1909 Conduction anaesthesia	1,742	2,293	2,771	4,429	5,120	7,255	11,831	22,165	32,261	33,345	7,459	130,671
1893 Transfusion of blood and gamma globulin	1,659	1,625	3,459	3,666	4,037	6,119	10,906	18,753	26,473	30,179	9,641	116,517
1008 Panendoscopy with excision	157	683	1,702	4,176	8,554	14,388	20,071	22,903	19,168	13,606	2,429	107,837
905 Fibreoptic colonoscopy	5	34	130	1,531	5,520	13,505	22,377	25,793	20,979	13,925	2,152	105,951
911 Fibreoptic colonoscopy with excision	27	120	458	2,017	4,436	9,254	17,007	24,176	21,464	13,024	1,748	93,731
1885 Injection or infusion of therapeutic or prophylactic substance	16,333	2,490	4,539	3,556	3,973	6,227	10,344	13,759	14,753	12,040	2,387	90,401
1620 Excision of lesion of skin and subcutaneous tissue	183	630	1,731	2,114	3,425	6,321	10,327	14,846	15,707	18,223	5,499	79,006
1952 Computerised tomography of brain	644	1,206	2,125	5,864	5,824	6,030	7,080	9,205	12,690	17,450	7,213	75,331
668 Coronary angiography	45	50	51	119	581	3,299	10,269	17,389	17,367	11,106	1,059	61,335
197 Extracapsular crystalline lens extraction by phacoemulsification	2	4	21	65	163	666	2,549	7,427	17,868	25,969	5,226	59,960
607 Examination procedures on ventricle	77	84	52	103	480	2,643	8,336	14,123	13,722	8,356	725	48,701
1089 Examination procedures on bladder	107	216	313	611	1,142	2,326	4,421	8,875	12,182	12,277	2,831	45,302
1912 Postprocedural analgesia	199	240	1,117	2,980	3,053	3,746	5,549	9,413	10,576	6,584	872	44,329
1005 Panendoscopy	19	100	193	1,174	2,537	4,339	6,480	7,992	8,171	7,414	1,867	40,286
990 Repair of inguinal hernia	1,509	1,829	1,402	1,693	2,938	4,406	6,380	7,957	6,639	4,374	718	39,845
458 Surgical removal of tooth	1	555	3,127	15,869	7,507	3,514	2,325	1,618	873	577	113	36,079
738 Venous catheterisation	3,380	468	679	1,344	1,691	2,512	4,170	6,176	7,272	5,924	1,144	34,760
1890 Therapeutic interventions on cardiovascular system	138	245	663	831	562	1,617	4,853	8,464	8,171	4,263	459	30,266
1963 Computerised tomography of abdomen and pelvis	12	89	318	1,561	2,259	3,155	3,869	4,622	5,332	5,297	1,520	28,034
1566 Excision procedures on other musculoskeletal sites	28	494	1,243	3,389	3,736	3,869	4,144	3,931	2,637	2,142	575	26,188
1828 Sleep study	124	288	327	371	1,501	3,644	5,970	5,741	2,935	1,578	103	22,582
671 Transluminal coronary angioplasty with stenting	0	1	1	6	121	1,120	4,128	6,602	5,882	3,582	416	21,859
2015 Magnetic resonance imaging	766	1,188	1,260	1,181	1,520	2,036	2,801	3,499	3,749	2,887	566	21,453
1517 Arthroscopic meniscectomy of knee with repair	0	0	44	1,081	2,237	4,158	5,627	4,965	2,211	750	63	21,136
1962 Computerised tomography of abdomen	29	68	383	1,070	1,655	2,497	3,046	3,547	3,783	3,709	1,010	20,797
412 Tonsillectomy or adenoidectomy	46	7,399	8,867	2,298	1,068	530	208	102	51	21	3	20,593
Other	47,919	56,830	94,250	118,660	134,972	172,109	212,079	269,426	272,614	231,431	53,550	1,663,840
Procedure reported ^(c)	41,289	55,363	92,093	137,120	173,540	250,380	351,850	461,870	498,827	435,266	95,180	2,592,779
No procedure or not reported	41,438	46,619	38,761	48,014	57,172	61,715	64,181	70,000	71,677	75,713	26,612	601,902
Total^(c)	82,727	101,982	130,854	185,134	230,712	312,095	416,031	531,870	570,504	510,979	121,792	3,194,681

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.20: Separations^(a) for females for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2003–04

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
1910 Cerebral anaesthesia	4,879	27,263	51,270	122,368	173,890	203,454	214,859	203,127	177,397	155,169	41,220	1,374,897
1916 Generalised allied health interventions	7,237	4,861	9,564	34,059	68,978	50,894	49,884	64,170	88,021	139,402	85,298	602,368
1060 Haemodialysis	4	3	372	5,690	14,434	25,030	50,360	66,998	91,575	60,104	4,031	318,601
1909 Conduction anaesthesia	230	435	963	9,086	38,390	20,964	11,170	17,687	27,977	36,107	11,689	174,698
1780 Chemotherapy administration	109	1,322	1,902	1,854	4,207	16,410	36,185	42,524	33,308	15,528	1,643	154,992
905 Fiberoptic colonoscopy	1	15	91	2,638	7,313	17,102	29,472	31,602	24,972	16,978	3,385	133,569
1008 Panendoscopy with excision	117	446	1,646	6,821	10,401	17,964	26,441	26,498	21,487	16,355	3,863	132,039
1893 Transfusion of blood and gamma globulin	1,287	1,088	2,331	3,851	6,803	8,268	10,994	15,492	21,412	28,492	14,370	114,388
1885 Injection or infusion of therapeutic or prophylactic substance	12,646	2,477	3,308	4,552	6,938	9,572	14,381	16,506	15,407	13,101	3,965	102,853
911 Fiberoptic colonoscopy with excision	15	68	420	3,311	5,875	10,402	17,187	20,803	18,177	12,712	2,181	91,151
197 Extracapsular crystalline lens extraction by phacoemulsification	2	4	12	47	126	499	2,191	8,118	24,953	39,484	9,491	84,927
1265 Curettage of uterus	0	0	36	5,445	16,909	23,588	22,145	8,871	3,717	1,539	240	82,490
1267 Evacuation of gravid uterus	0	0	221	25,709	33,671	17,468	620	7	0	0	0	77,697
1344 Postpartum suture	0	0	31	14,378	46,887	12,771	68	1	0	0	0	74,136
1340 Caesarean section	0	0	17	9,346	45,347	18,403	175	1	0	0	0	73,289
1912 Postprocedural analgesia	141	259	922	4,528	15,888	11,935	9,491	9,830	10,325	8,082	1,555	72,956
1620 Excision of lesion of skin and subcutaneous tissue	158	616	1,973	2,728	4,722	8,104	11,210	11,625	10,565	12,600	5,932	70,233
1952 Computerised tomography of brain	505	877	1,269	3,122	3,723	4,583	5,710	6,732	9,884	19,283	12,999	68,687
1334 Medical or surgical induction of labour	0	0	29	12,709	41,891	12,211	90	1	0	0	0	66,931
1259 Examination procedures on uterus	0	2	24	3,487	12,763	17,552	17,090	6,443	2,699	1,123	173	61,356
1333 Analgesia and anaesthesia during labour and caesarean section	0	0	21	10,956	37,844	10,316	60	2	0	0	0	59,199
1335 Medical or surgical augmentation of labour	0	0	22	13,689	35,197	8,663	33	0	0	0	0	57,604
458 Surgical removal of tooth	0	442	3,637	25,521	9,917	4,055	2,615	1,582	743	641	212	49,365
1005 Panendoscopy	27	113	142	1,464	2,689	4,845	7,564	8,911	8,509	8,489	2,874	45,627
965 Cholecystectomy	2	6	90	2,328	5,325	6,203	6,397	5,835	3,736	2,386	453	32,761
668 Coronary angiography	32	32	41	57	193	1,174	4,235	7,801	9,750	8,142	867	32,324
1297 Procedures for reproductive medicine	1	0	0	415	13,900	17,357	577	3	0	0	0	32,253
1343 Other procedures associated with delivery	0	0	7	5,753	20,572	5,289	26	1	0	0	0	31,648
1089 Examination procedures on bladder	57	166	274	594	1,521	3,922	6,271	6,434	5,858	4,930	1,113	31,140
986 Division of abdominal adhesions	22	18	101	1,647	5,351	6,836	5,483	3,663	2,833	2,189	534	28,677
Other	33,356	45,614	77,368	139,404	257,715	265,922	284,179	277,844	252,807	241,835	82,112	1,958,156
Procedure reported ^(c)	26,487	36,999	68,011	213,527	400,985	370,675	395,719	420,885	431,118	410,517	143,816	2,918,740
No procedure or not reported	33,686	34,792	28,775	92,346	136,980	85,425	65,032	59,888	61,173	81,966	47,631	727,694
Total^(c)	60,173	71,791	96,786	305,873	537,965	456,100	460,751	480,773	492,291	492,483	191,447	3,646,434

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.21: Procedure^(a) statistics in ICD-10-AM chapters, by Indigenous status^(b), all hospitals, Australia, 2003–04

Procedure chapter	Count of procedures		Proportion of total procedures for patients identified as Indigenous (%)	Procedures per 1,000 population ^(c)		Rate ratio ^(d)	
	Indigenous	Other		Indigenous	Other		
1–86	2,141	185,924	0.8	6.9	9.3	0.7	
110–129	137	12,283	0.1	0.4	0.6	0.6	
160–256	2,062	235,082	0.8	8.9	11.5	0.8	
300–333	1,924	57,044	0.7	5.1	3.0	1.7	
370–422	1,827	174,443	0.7	4.8	8.9	0.5	
450–490	9,588	407,947	3.6	31.8	21.3	1.5	
520–569	5,356	170,072	2.0	20.1	8.5	2.4	
600–767	8,106	491,456	3.1	28.0	24.2	1.2	
800–817	443	48,542	0.2	1.4	2.4	0.6	
850–1011	9,941	1,232,009	3.8	29.5	61.3	0.5	
1040–1128	86,406	955,316	32.7	282.3	47.3	6.0	
1060	83,480	687,483	31.6	272.2	34.1	8.0	
	<i>Other than haemodialysis in procedure block 1040–1128</i>						
		2,926	267,833	1.1	10.1	13.2	0.8
1160–1203	816	91,233	0.3	2.7	4.6	0.6	
1240–1299	6,659	490,726	2.5	14.1	25.2	0.6	
1330–1347	12,141	441,975	4.6	19.6	23.2	0.8	
1360–1579	9,540	615,645	3.6	22.8	31.0	0.7	
1600–1718	9,628	558,230	3.6	27.1	27.8	1.0	
1740–1759	496	61,109	0.2	1.4	3.1	0.5	
1780–1799	1,847	327,707	0.7	5.7	16.2	0.4	
1820–1916	84,613	5,816,428	32.0	264.6	289.9	0.9	
1940–2016	10,498	599,815	4.0	32.2	29.7	1.1	
	Total (excluding haemodialysis)	180,689	12,285,503	68.4	537.0	615.0	0.9
	Total (including haemodialysis)	264,169	12,972,986	100.0	809.2	649.0	1.2

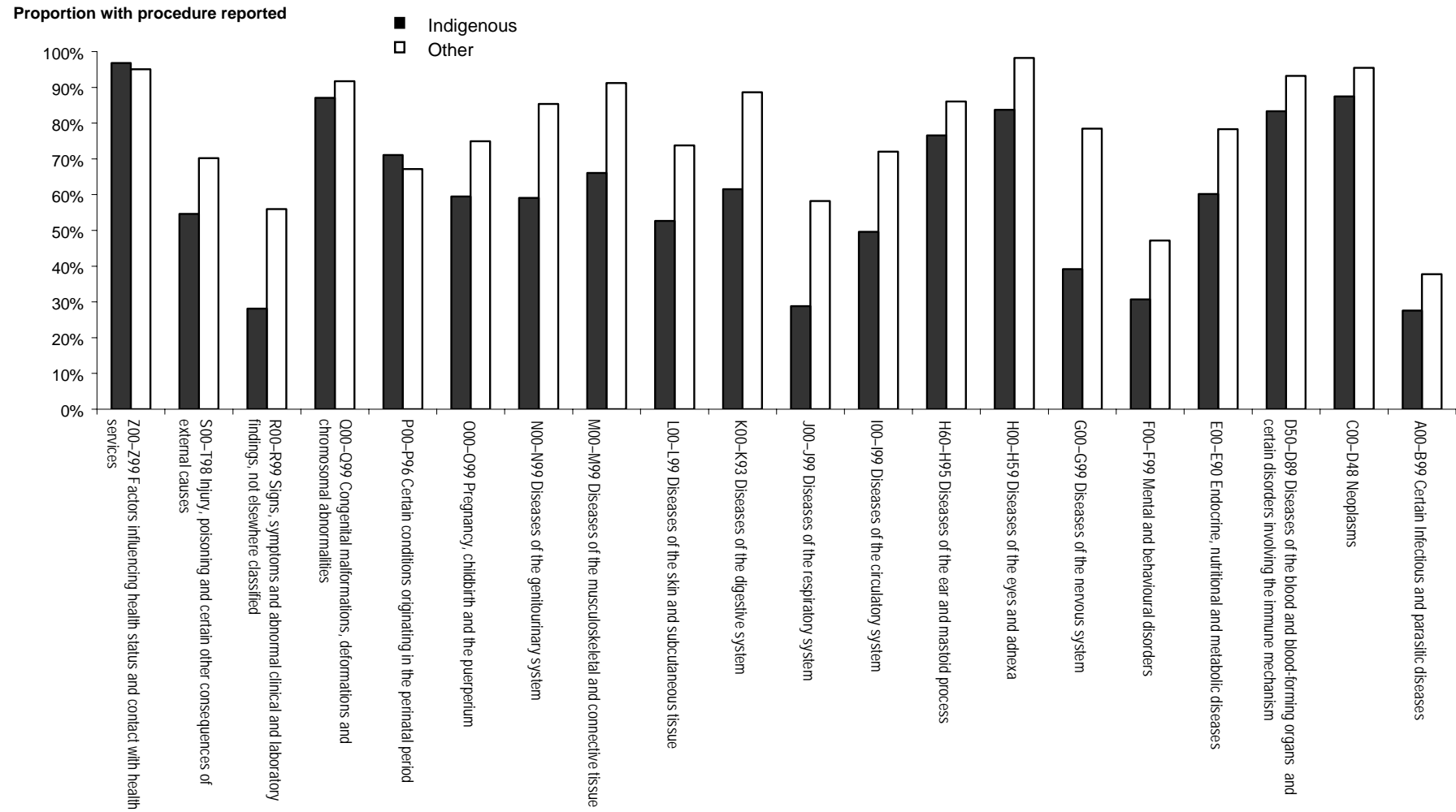
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among jurisdictions. See the text of Chapter 8 for further detail.

(c) The rates were directly age-standardised to the Australian population at 30 June 2001. The rate for non-Indigenous persons includes *Not Reported*. For details, see Appendix 3.

(d) The rate ratio is equal to the rate for Indigenous people divided by the rate for other people (which includes *Not reported*).

Indigenous population data are available at <http://www.aihw.gov.au>.



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Figure 10.2: Proportion of separations^(a) with a procedure reported, by principal diagnosis and Indigenous status, all hospitals, Australia, 2003-04

11 External causes for admitted patients

Introduction

An external cause is defined in the *National Health Data Dictionary* version 12.0 (NHDC 2003) as the event, circumstance or condition associated with the occurrence of injury, poisoning or violence. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded, as is a code recording the activity of the person at the time of the event.

External causes for 2003–04 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories except South Australia, using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002). South Australia mapped the data collected using that classification forward to codes of the fourth edition of ICD-10-AM (NCCH 2004). The AIHW mapped these data backward to the third edition codes so that national data could be presented in a single classification in this report. The mapped data should be interpreted with these mappings in mind. Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

As indicated above, one or more external causes of injury or poisoning can be reported for each separation in the National Hospital Morbidity Database. External causes can be reported for principal diagnoses other than those in the ICD-10-AM injury and poisoning chapter, and for additional diagnoses in the injury and poisoning chapter and elsewhere. Hence, data on external causes for this report are presented as the separations for which there was at least one external cause reported within the group of external causes (an ICD-10-AM chapter or sub-chapter) being considered. Because more than one external cause can be reported for each separation, the counts for these data are not additive, so totals in the tables will not necessarily equal the sum of counts in the rows.

The external cause classification (Chapter XX of ICD-10-AM) is hierarchical, consisting of 360 3-character categories. The information in this chapter is presented by grouping the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM external cause classification. Full descriptions of the categories are available in the ICD-10-AM publication.

Tables are presented with summary national separation, patient day and average length of stay statistics for public and private hospitals and for public patients. Also provided are summary separation data by state and territory, national information on age group and sex distributions, and summary information on the reported places of occurrence of the external causes, and on the reported activity of the patient when injured. Information on public patients in Table 11.1 relates to separations for which the patient election status was reported as public (see Chapter 7).

External cause and other data elements reported for separations

The information on external causes reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 11.1 demonstrates this using the example of the external cause X85–Y09 *Assault*. This category includes assault by various specified means, such as explosives, chemicals, objects and bodily force; and neglect and abandonment, and other maltreatment syndromes.

There were 23,202 separations with an *Assault* external cause, with an average length of stay of 3.0 days. Approximately 70.8% of separations were for male patients in comparison with 46.7% in hospitals overall (Table 8.1). The age group 15–34 years was reported for over half of the separations (13,921, 60.0%). Over 97% of separations were in the public sector (22,598). A large proportion of patients had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital (19,604, 84.5%). The most common principal diagnosis associated with *Assault* was *Fracture of skull and facial bones* (S02, 4,778), and all the other top 10 principal diagnoses were also injury diagnoses. The most common additional diagnosis was *Problems related to lifestyle* (Z72, 5,509), followed by *Mental and behavioural disorders due to use of alcohol* (F10, 4203). The most common place of occurrence (other than *Unspecified place of occurrence*) was *Home* (Y92.0, 4,531). The most common activity (other than *Unspecified activity* and *Other specified activity*) was *Leisure activity* (U72, 824).

Sector

There were 760,688 separations in 2003–04 with an external cause and these separations accounted for 5,310,142 patient days (Table 11.1). This represented 11.1% of all separations and 22.5% of all patient days. The majority of separations (591,723, 77.8%) and patient days (4,040,085, 76.1%) were reported for the public sector. Overall, the average length of stay was similar in the public sector (6.8 days) and the private sector (7.5 days).

The most frequently reported external cause group in both the public sector and the private sector was *Complications of medical and surgical care* (Y40–Y84), with a total of 289,497 separations (38.1% of separations which reported an external cause).

The second most frequently reported type of external cause of injury and poisoning in both sectors was *Falls* (W00–W19, 183,485). The next most frequently reported external cause group in the public sector was *Exposure to mechanical forces* (W20–W64, 67,203) and in the private sector *Other external causes of accidental injury* (X50–X59, 27,314).

Transport accidents (V01–V99) accounted for a further 9.4% of external cause separations for public hospitals (55,380), but only 2.9% for private hospitals (4,915). *Intentional self-harm* (X60–X84) and *Assault* (X85–Y09) accounted for 28,750 separations or 4.9%, and 22,598 separations or 3.8%, respectively, of external cause separations from public hospitals, but less than 1.1% (combined) of external cause separations from private hospitals (1,304 and 604 respectively).

Average length of stay was highest for *Other accidental threats to breathing* (W75–W84) in both the public sector (15.3 days) and the private sector (16.6 days).

States and territories

External causes were reported for between 9.8% and 12.3% of separations for the states and territories (Table 11.2). Differences in coding and data recording practices and in the capacity to report external causes among the jurisdictions and between the public and private sectors may have slightly affected the comparability of the reported external cause data.

The distributions of separations among the external cause groups were generally similar among the states and territories for combined sectors (Table 11.2), with *Complications of medical and surgical care* (Y40–Y84), *Falls* (W00–W19), *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99) being among the most common in nearly every state. *Assault* (X85–Y09) accounted for over 16% of all separations with an external cause reported in the Northern Territory, compared with the national figure of 3.1%.

Age group and sex

The number of separations with an external cause varied by age group and sex (Tables 11.3 and 11.4). For females, 9.7% of all separations overall had an external cause (352,039) compared with 12.8% of all separations for males (408,640).

The most common external cause group for males was *Complications of medical and surgical care* (Y40–Y84, 35.1% of the total for males, 143,509), followed by *Falls* (W01–W19, 19.2%, 78,590). For females, *Complications of medical and surgical care* (Y40–Y84) (41.5% of the total for females, 145,987) and *Falls* (W01–W19) (29.8%, 104,894) were also the most commonly reported groups. *Transport accidents* (V01–V99) were reported for 9.9% of male external cause separations (40,484) and 5.6% of female separations (19,809).

For females, the highest number of separations for external causes was in the 75–84 years age group (19.3%), whereas for males highest numbers were reported in the 15–24 age group (13.6%).

In the age groups under 14 years, *Falls* (W01–W19) were the most commonly reported external causes for both males and females, followed by *Exposure to mechanical forces* (W20–W64). *Complications of medical and surgical care* (Y40–Y84) were the most commonly reported external causes for females of all other age groups except those in the 1–24 and the over 75 age groups, and for males aged 35–84 years. *Exposure to mechanical forces* (W20–W64) was the most commonly reported external cause for males aged 15–34 years. *Intentional self-harm* (X60–X84) was relatively common for females, particularly those aged 15–44 years. *Falls* (W01–W19) were most common for females aged 75 years and over.

Place of occurrence

In ICD-10-AM, the place of occurrence of the external cause is required to be reported for external cause codes V01–Y89, that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09), *Events of undetermined intent* (Y10–Y34), *Legal intervention and operations of war* (Y35–Y36), *Complications of medical and surgical care* (Y40–Y84) and *Sequelae of external causes of morbidity and mortality* (Y85–Y89) (Table 11.5). Of the records with an external cause code reported in the range V01–Y89 (739,937 separations), 99.7% also had a place of occurrence code reported, so 0.3% of records that required a place of occurrence code did not

have one reported. Place of occurrence was, however, reported for some separations for which it was not required.

Health service area was the most commonly reported specified place of occurrence (284,198), with 82.5% of separations with this place of occurrence having an external cause of *Complications of medical and surgical care* (Y40–Y84). The next most commonly reported specified place of occurrence was *Home* (140,485), and this was the most frequently reported place of occurrence for *Falls* (W00–W19, 64,640, 35.2% of total separations for *Falls*), *Intentional self-harm* (X60–X84, 16,915), and *Exposure to mechanical forces* (W20–W64, 16,277). *Falls* (W00–W19) was the most common external cause group in the *Residential institution* category (16,049, 71.9% of these separations).

Activity when injured

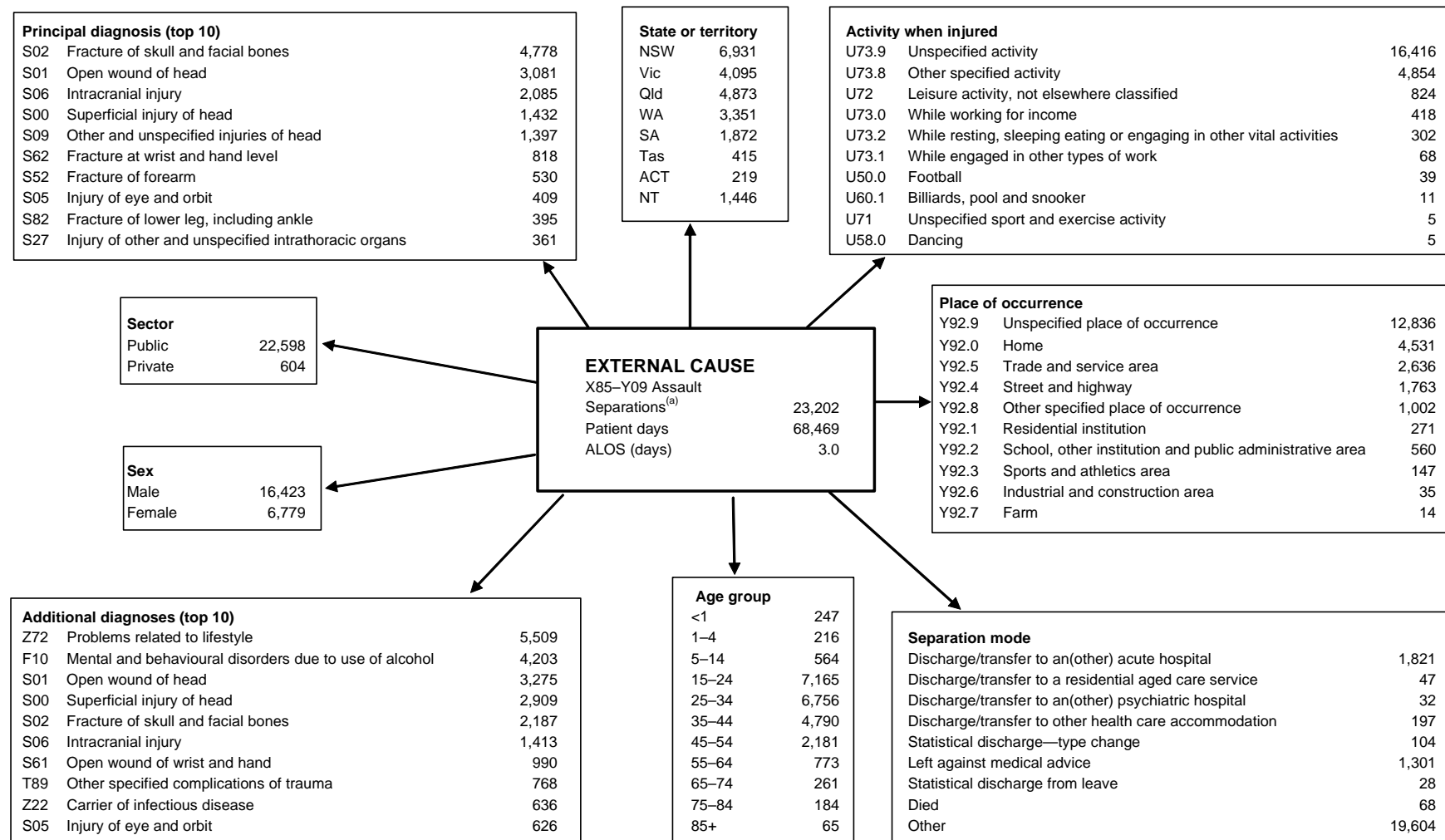
The activity of the injured person at the time of occurrence of the external cause is required to be reported for external causes codes V01–Y34, that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09) and *Events of undetermined intent* (Y10–Y34). Of the records with external causes codes V01–Y34 (467,756 separations), 99.2% also had an activity-when-injured code reported, so 0.8% of records that required an activity-when-injured code did not have one reported. Activity was, however, reported for some separations for which it was not required.

The third edition of ICD–10–AM includes 23 3-character categories of activity-when-injured codes, including 19 for sports. Table 11.6 presents the sports-related activities as *Football* (U50.00–U50.09) and *Other sporting activity* (U50.10–U71), and the non-sports-related activities as *Leisure activities*, *Working for income*, *Other types of work*, *Resting, sleeping, eating and other vital activities*, *Other specified activity* and *Unspecified activity*. The two most commonly reported activities when injured were *Other specified* and *Unspecified*. Ignoring these categories, the most commonly reported activity at the time of injury was *Resting, sleeping, eating and other vital activities* (accounting for 4.2%, 31,740 of all external cause separations) followed by *Working for income* (3.6%, 27,129) and *Other sporting activity* (3.5%, 26,319).

Principal diagnosis

Table 11.7 presents data showing the external causes reported for separations with an injury or poisoning as the principal diagnosis. Although data reported on external causes and data reported on diagnoses cannot generally be unequivocally linked, it is likely that the reported external cause would be related to the principal diagnosis when the latter is an injury or poisoning. In contrast, if the principal diagnosis is not an injury or poisoning, the external cause is less likely to relate to it, and more likely to relate to an additional diagnosis.

Injuries to upper and lower limbs (S40–S99) (204,431, 45.5%) and *Injuries to head and neck* (S00–S19) (73,280, 16.3%) were the most common types of injuries associated with external causes. The most common causes of these injuries were *Falls* (W00–W19) and *Exposure to mechanical forces* (W20–W64). The most common injuries resulting from *Falls* (W00–W19) were *Injuries to upper and lower limbs* (S40–S99) (93,176, 67.4%) and *Injuries to head and neck* (S00–S19) (26,098, 18.9%). These were also the most common injuries associated with *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99).



Note: Main abbreviations: ALOS—average length of stay.

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* or *Posthumous organ procurement* have been excluded.

Figure 11.1: Interrelationships of an external cause (X85-Y09 Assault) with other data elements, all hospitals, Australia, 2003-04

Table 11.1: Selected separation statistics^(a), by external cause in ICD-10-AM groupings and hospital sector, Australia, 2003–04

External cause	Separations	Same day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same day
Public hospitals						
V01–V99 Transport accidents	55,380	16,998	32,022	267,787	4.8	6.5
W00–W19 Falls	151,223	34,876	123,899	1,222,231	8.1	10.2
W20–W64 Exposure to mechanical forces	67,203	27,854	54,151	188,934	2.8	4.1
W65–W74 Accidental drowning and submersion	594	146	522	1,625	2.7	3.3
W75–W84 Other accidental threats to breathing	6,443	502	5,442	98,746	15.3	16.5
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	1,416	905	986	3,435	2.4	5.0
X00–X19 Exposure to smoke, fire, flames, hot substances	7,297	2,788	6,408	41,752	5.7	8.6
X20–X39 Exposure to venomous plants, animals, forces of nature	5,459	2,173	4,817	16,616	3.0	4.4
X40–X49 Accidental poisoning	13,371	4,730	12,201	41,529	3.1	4.3
X50–X59 Other external causes of accidental injury	31,261	11,540	26,403	172,311	5.5	8.2
X60–X84 Intentional self-harm	28,750	8,021	27,574	106,076	3.7	4.7
X85–Y09 Assault	22,598	9,447	21,611	66,442	2.9	4.3
Y10–Y34 Events of undetermined intent	3,607	1,273	3,418	12,573	3.5	4.8
Y35–Y36 Legal intervention and operations of war	79	19	71	488	6.2	7.8
Y40–Y84 Complications of medical and surgical care	203,143	36,730	169,331	2,065,509	10.2	12.2
Y85–Y98 Sequelae and supplementary factors	18,812	4,394	15,533	213,946	11.4	14.5
Total^(b)	591,723	160,403	484,984	4,040,085	6.8	9.0
Private hospitals						
V01–V99 Transport accidents	4,915	983	351	31,055	6.3	7.6
W00–W19 Falls	32,262	3,813	1,492	363,380	11.3	12.6
W20–W64 Exposure to mechanical forces	9,945	4,330	359	31,826	3.2	4.9
W65–W74 Accidental drowning and submersion	26	6	5	62	2.4	2.8
W75–W84 Other accidental threats to breathing	807	37	69	13,395	16.6	17.3
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	180	114	27	827	4.6	10.8
X00–X19 Exposure to smoke, fire, flames, hot substances	414	67	19	3,167	7.6	8.9
X20–X39 Exposure to venomous plants, animals, forces of nature	365	73	58	2,042	5.6	6.7
X40–X49 Accidental poisoning	765	118	89	5,307	6.9	8.0
X50–X59 Other external causes of accidental injury	27,314	11,128	316	89,293	3.3	4.8
X60–X84 Intentional self-harm	1,304	177	441	16,826	12.9	14.8
X85–Y09 Assault	604	246	158	2,027	3.4	5.0
Y10–Y34 Events of undetermined intent	568	332	12	3,321	5.8	12.7
Y35–Y36 Legal intervention and operations of war	6	1	1	31	5.2	6.0
Y40–Y84 Complications of medical and surgical care	86,354	13,977	3,145	752,504	8.7	10.2
Y85–Y98 Sequelae and supplementary factors	7,511	2,269	124	41,379	5.5	7.5
Total^(b)	168,965	37,478	6,474	1,270,057	7.5	9.4

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviations: ALOS—average length of stay.

Table 11.2: Separations^(a), by external cause in ICD-10-AM groupings and hospital sector, states and territories, 2003–04

External cause	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
V01–V99 Transport accidents	19,155	12,754	11,433	4,954	4,262	1,074	925	823	55,380
W00–W19 Falls	60,723	37,086	24,639	12,540	10,213	2,529	2,225	1,268	151,223
W20–W64 Exposure to mechanical forces	21,618	15,722	15,773	6,264	4,378	1,175	897	1,376	67,203
W65–W74 Accidental drowning and submersion	237	79	182	50	30	6	4	6	594
W75–W84 Other accidental threats to breathing	1,730	2,098	1,186	643	484	147	23	132	6,443
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	364	254	376	175	98	112	4	33	1,416
X00–X19 Exposure to smoke, fire, flames, hot substances	2,446	1,377	1,674	696	739	141	62	162	7,297
X20–X39 Exposure to venomous plants, animals, forces of nature	1,711	940	1,455	582	588	80	24	79	5,459
X40–X49 Accidental poisoning	4,424	3,221	2,873	1,002	1,336	247	107	161	13,371
X50–X59 Other external causes of accidental injury	10,756	8,052	5,767	2,869	2,394	543	579	301	31,261
X60–X84 Intentional self-harm	9,933	6,198	5,783	2,743	2,613	841	351	288	28,750
X85–Y09 Assault	6,801	4,005	4,744	3,184	1,839	371	215	1,439	22,598
Y10–Y34 Events of undetermined intent	828	1,669	429	356	165	29	70	61	3,607
Y35–Y36 Legal intervention and operations of war	16	25	13	11	13	0	1	0	79
Y40–Y84 Complications of medical and surgical care	64,325	55,389	34,117	18,825	19,549	5,990	2,822	2,126	203,143
Y85–Y98 Sequelae and supplementary factors	5,751	3,836	4,435	1,832	1,926	373	224	435	18,812
Total^(b)	202,256	146,730	110,297	54,236	48,706	13,162	8,276	8,060	591,723
Private hospitals									
V01–V99 Transport accidents	1,256	1,023	1,258	759	359	n.p.	n.p.	n.p.	4,915
W00–W19 Falls	8,387	6,893	9,053	3,659	2,915	n.p.	n.p.	n.p.	32,262
W20–W64 Exposure to mechanical forces	2,012	2,432	2,485	1,551	954	n.p.	n.p.	n.p.	9,945
W65–W74 Accidental drowning and submersion	2	1	16	5	1	n.p.	n.p.	n.p.	26
W75–W84 Other accidental threats to breathing	86	133	305	179	62	n.p.	n.p.	n.p.	807
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	59	12	85	10	7	n.p.	n.p.	n.p.	180
X00–X19 Exposure to smoke, fire, flames, hot substances	61	121	115	39	52	n.p.	n.p.	n.p.	414
X20–X39 Exposure to venomous plants, animals, forces of nature	33	55	164	66	34	n.p.	n.p.	n.p.	365
X40–X49 Accidental poisoning	120	138	257	117	63	n.p.	n.p.	n.p.	765
X50–X59 Other external causes of accidental injury	8,950	6,024	5,425	2,747	2,924	n.p.	n.p.	n.p.	27,314
X60–X84 Intentional self-harm	161	297	258	456	23	n.p.	n.p.	n.p.	1,304
X85–Y09 Assault	130	90	129	167	33	n.p.	n.p.	n.p.	604
Y10–Y34 Events of undetermined intent	54	109	334	17	15	n.p.	n.p.	n.p.	568
Y35–Y36 Legal intervention and operations of war	1	2	0	1	2	n.p.	n.p.	n.p.	6
Y40–Y84 Complications of medical and surgical care	21,361	18,159	24,985	9,526	8,054	n.p.	n.p.	n.p.	86,354
Y85–Y98 Sequelae and supplementary factors	2,120	1,297	2,072	704	943	n.p.	n.p.	n.p.	7,511
Total^(b)	43,813	36,042	45,505	19,462	16,020	n.p.	n.p.	n.p.	168,965

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

n.p. Not published.

Table 11.3: Separations^(a) for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2003-04

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total^(b)
V01-V99 Transport accidents	49	695	5,908	10,957	7,761	5,760	3,966	2,264	1,541	1,207	376	40,484
W00-W19 Falls	529	3,901	12,113	7,177	5,391	5,382	5,915	6,279	7,917	14,378	9,608	78,590
W20-W64 Exposure to mechanical forces	237	3,155	6,648	12,339	10,468	8,296	6,301	4,530	2,485	1,508	479	56,446
W65-W74 Accidental drowning and submersion	13	140	51	49	27	27	26	30	18	8	6	395
W75-W84 Other accidental threats to breathing	164	135	90	157	209	233	296	441	756	1,265	726	4,472
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	3	26	54	200	266	236	125	81	108	56	2	1,157
X00-X19 Exposure to smoke, fire, flames, hot substances	230	1,188	588	735	579	502	432	282	174	147	79	4,936
X20-X39 Exposure to venomous plants, animals, forces of nature	24	162	462	438	557	530	440	335	253	226	116	3,543
X40-X49 Accidental poisoning	105	1,302	323	1,081	1,230	970	732	516	400	423	126	7,208
X50-X59 Other external causes of accidental injury	151	833	2,754	8,054	6,731	5,475	4,139	2,882	1,912	2,065	941	35,937
X60-X84 Intentional self-harm	2	7	141	2,659	3,388	2,729	1,488	724	289	186	84	11,697
X85-Y09 Assault	124	110	366	5,474	4,695	3,199	1,578	575	195	82	25	16,423
Y10-Y34 Events of undetermined intent	10	36	59	426	508	343	173	82	52	322	20	2,031
Y35-Y36 Legal intervention and operations of war	0	0	0	14	20	9	9	5	3	5	1	66
Y40-Y84 Complications of medical and surgical care	1,155	2,013	3,293	5,452	7,517	9,890	15,584	25,511	33,407	31,256	8,431	143,509
Y85-Y98 Sequelae and supplementary factors	38	169	556	2,053	2,824	3,251	2,846	2,197	1,567	1,071	340	16,912
Total^(c)	2,796	13,655	32,996	55,619	50,358	45,105	42,454	45,147	49,189	51,455	19,866	408,640

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Table 11.4: Separations^(a) for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2003–04

External cause	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total^(b)
V01–V99 Transport accidents	41	427	2,527	4,493	3,171	2,438	2,065	1,530	1,266	1,375	476	19,809
W00–W19 Falls	424	3,037	7,088	2,506	2,959	3,527	4,997	7,375	12,257	31,311	29,413	104,894
W20–W64 Exposure to mechanical forces	181	2,328	3,068	2,711	2,484	2,552	2,139	1,513	1,219	1,490	1,017	20,702
W65–W74 Accidental drowning and submersion	23	98	27	18	8	13	9	13	9	3	4	225
W75–W84 Other accidental threats to breathing	118	98	50	65	108	139	194	203	393	739	671	2,778
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	0	9	14	93	133	59	36	30	34	23	8	439
X00–X19 Exposure to smoke, fire, flames, hot substances	160	748	334	256	245	242	196	132	136	200	126	2,775
X20–X39 Exposure to venomous plants, animals, forces of nature	12	79	264	240	236	260	224	227	170	314	255	2,281
X40–X49 Accidental poisoning	105	1,045	257	1,168	1,003	865	686	475	438	597	289	6,928
X50–X59 Other external causes of accidental injury	137	567	1,449	2,086	2,344	2,546	2,538	2,270	2,320	3,691	2,687	22,635
X60–X84 Intentional self-harm	0	1	599	5,615	4,098	3,973	2,568	867	299	247	90	18,357
X85–Y09 Assault	123	106	198	1,691	2,061	1,591	603	198	66	102	40	6,779
Y10–Y34 Events of undetermined intent	4	29	72	575	487	376	285	115	79	85	37	2,144
Y35–Y36 Legal intervention and operations of war	1	0	1	5	2	8	1	0	1	0	0	19
Y40–Y84 Complications of medical and surgical care	772	1,309	2,308	5,554	10,580	14,506	19,434	22,151	25,925	30,741	12,707	145,987
Y85–Y98 Sequelae and supplementary factors	24	151	318	701	1,187	1,533	1,518	1,073	1,080	1,231	593	9,409
Total^(c)	2,091	9,905	18,350	27,053	30,312	33,655	36,475	37,139	43,934	68,102	45,023	352,039

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Table 11.5: Separations^(a), by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2003–04

External cause	Home	School, other public area					Sports and athletics area	Street and highway
		Residential institution	School	Health service area	Other			
V01–V99 Transport accidents	1,775	34	50	91	7	1,882	34,224	
W00–W19 Falls	64,640	16,049	4,743	14,022	1,174	7,089	6,134	
W20–W64 Exposure to mechanical forces	16,277	712	1,512	2,651	156	5,236	631	
W65–W74 Accidental drowning and submersion	210	1	0	3	1	41	1	
W75–W84 Other accidental threats to breathing	652	296	6	1,250	7	3	18	
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	255	3	10	129	4	5	14	
X00–X19 Exposure to smoke, fire, flames, hot substances	3,940	79	21	276	15	23	101	
X20–X39 Exposure to venomous plants, animals, forces of nature	1,492	48	51	50	11	77	107	
X40–X49 Accidental poisoning	7,141	209	56	1,008	38	26	119	
X50–X59 Other external causes of accidental injury	4,695	749	440	2,493	118	5,131	416	
X60–X84 Intentional self-harm	16,915	327	79	1,418	63	18	392	
X85–Y09 Assault	4,531	271	218	217	125	147	1,763	
Y10–Y34 Events of undetermined intent	1,180	41	17	448	7	12	43	
Y35–Y36 Legal intervention and operations of war	10	2	0	0	1	0	7	
Y40–Y84 Complications of medical and surgical care	11,150	949	58	234,531	209	12	77	
Y85–Y98 Sequelae and supplementary factors	1,406	124	72	2,233	21	628	3,558	
Total^(b)	140,485	22,311	7,412	284,198	1,663	21,342	48,936	

External cause	Trade and service area	Industrial and construction area	Farm	Other specified places	Unspecified place	Not reported	Total ^(b)
W00–W19 Falls	5,468	1,377	496	5,361	45,022	2,380	183,485
W20–W64 Exposure to mechanical forces	2,729	5,639	1,678	3,283	36,400	1,234	77,148
W65–W74 Accidental drowning and submersion	7	1	4	239	36	8	620
W75–W84 Other accidental threats to breathing	23	1	1	17	824	177	7,250
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	49	136	25	645	264	24	1,596
X00–X19 Exposure to smoke, fire, flames, hot substances	187	162	77	391	2,247	185	7,711
X20–X39 Exposure to venomous plants, animals, forces of nature	50	49	126	703	2,547	155	5,824
X40–X49 Accidental poisoning	448	208	75	266	4,871	1,713	14,136
X50–X59 Other external causes of accidental injury	908	1,060	158	1,129	38,570	495	58,575
X60–X84 Intentional self-harm	335	28	9	587	8,950	6,080	30,054
X85–Y09 Assault	2,636	35	14	1,002	12,836	744	23,202
Y10–Y34 Events of undetermined intent	67	6	4	75	1,367	581	4,175
Y35–Y36 Legal intervention and operations of war	10	0	0	3	37	11	85
Y40–Y84 Complications of medical and surgical care	144	16	9	240	21,439	10,938	289,497
Y85–Y98 Sequelae and supplementary factors	344	572	129	770	11,784	3,234	26,323
Total^(b)	13,435	8,526	4,443	18,621	205,226	29,259	760,688

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table. Also, as more than one place of occurrence can be reported, the sums of the columns do not necessarily equal the final total column.

Table 11.6: Separations^(a), by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2003-04

External cause		Football	Other sporting activity	Leisure activity	Working for income	Other types of work	Resting, sleeping, eating, other vital activities	Other specified activities	Unspecified activity	Total ^(c)
V01-V99	Transport accidents	1	8,708	1,180	2,862	376	222	16,461	30,035	60,295
W00-W19	Falls	5,664	7,735	4,450	4,642	7,097	20,369	31,728	99,748	183,485
W20-W64	Exposure to mechanical forces	4,242	3,243	1,237	12,605	5,628	3,957	13,252	31,823	77,148
W65-W74	Accidental drowning and submersion	0	201	49	3	3	47	108	196	620
W75-W84	Other accidental threats to breathing	0	23	21	13	6	1,758	1,050	4,061	7,250
W85-W99	Exposure to electricity, radiation, extreme temperature/pressure	0	502	25	334	85	28	258	341	1,596
X00-X19	Exposure to smoke, fire, flames, hot substances	0	26	101	494	626	998	1,934	3,431	7,711
X20-X39	Exposure to venomous plants, animals, forces of nature	9	309	118	350	300	264	762	3,606	5,824
X40-X49	Accidental poisoning	2	21	196	496	183	1,151	5,179	6,551	14,136
X50-X59	Other external causes of accidental injury	3,845	4,048	386	4,506	946	2,046	3,930	37,437	58,575
X60-X84	Intentional self-harm	0	9	42	34	14	154	22,380	7,145	30,054
X85-Y09	Assault	39	58	824	418	68	302	4,854	16,416	23,202
Y10-Y34	Events of undetermined intent	9	11	31	29	11	60	1,791	2,054	4,175
Y35-Y36	Legal intervention and operations of war	0	0	0	1	0	0	15	4	85
Y40-Y84	Complications of medical and surgical care	12	18	14	56	29	462	24,847	5,632	289,497
Y85-Y98	Sequelae and supplementary factors	53	169	14	320	20	43	879	1,836	26,323
Total^(b)		13,876	26,319	8,671	27,129	15,362	31,740	127,913	249,071	760,688

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

(c) Includes separations for which an activity when injured was not reported.

Table 11.7: Separations^(a), by external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2003–04

External cause		Injuries to head & neck (S00–S19)	Injuries to thorax, abdomen, back, spine & pelvis (S20–S39)	Injuries to upper & lower limbs (S40–S99)	Injuries to multi- or unspecified region; foreign body effects (T00–T19)	Burns & frostbite (T20–T35)	Poisoning & toxic effects (T36–T65)	Other & unspecified effects of external causes (T66–T79)	Complications of medical & surgical care (T80–T88)	Other trauma complications; external cause sequelae (T89–T98)	Total
V01–V99	Transport accidents	16,451	11,112	25,542	623	212	34	165	81	21	54,241
W00–W19	Falls	26,098	16,835	93,176	818	67	225	380	539	23	138,161
W20–W64	Exposure to mechanical forces	11,096	2,708	46,772	6,728	376	366	578	127	158	68,909
W65–W74	Accidental drowning and submersion	37	11	28	0	1	1	479	0	0	557
W75–W84	Other accidental threats to breathing	163	62	169	662	5	237	81	53	0	1,432
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	15	9	29	2	192	7	956	5	0	1,215
X00–X19	Exposure to smoke, fire, flames, hot substances	29	16	79	7	5,528	288	51	16	1	6,015
X20–X39	Exposure to venomous plants, animals, forces of nature	59	33	371	29	42	2,947	1,039	4	4	4,528
X40–X49	Accidental poisoning	100	37	114	46	418	12,531	235	40	2	13,523
X50–X59	Other external causes of accidental injury	5,916	3,116	33,174	564	78	165	2,496	307	24	45,840
X60–X84	Intentional self-harm	544	487	2,635	188	168	31,439	387	21	2	35,871
X85–Y09	Assault	13,870	2,136	4,307	208	79	151	401	22	33	21,207
Y10–Y34	Events of undetermined intent	136	63	314	24	46	3,520	41	5	0	4,149
Y35–Y36	Legal intervention and operations of war	7	8	28	2	0	4	1	0	0	50
Y40–Y84	Complications of medical and surgical care	1,273	1,806	6,283	194	323	1,028	1,778	75,912	8	88,605
Y85–Y98	Sequelae and supplementary factors	639	295	963	44	50	156	104	613	22	2,886
Total^(b)		73,280	36,164	204,431	9,812	7,071	36,993	8,732	72,451	282	449,216

(a) Separations without an external cause and an injury or poisoning principal diagnosis, and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

12 Australian Refined Diagnosis Related Groups for admitted patients

Introduction

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which 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 classification system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected usage of hospital resources based on information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRGs version 5.0 (DoHA 2002) to classify separations in most analyses. AR-DRGs version 4.2 (DHAC 2000) is used when data based on cost weights or estimated costs of separation are presented, because cost weight information was not available for AR-DRGs version 5.0 (see Chapters 2, 4 and 7).

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into *Surgical DRG*, *Medical DRG* and *Other DRG* partitions, and then into 665 individual AR-DRGs.

The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource intensive may be assigned to the Pre-MDC category (AR-DRGs A01Z–A41B), irrespective of the MDC that would have been assigned on the basis of the principal diagnosis. Records for these episodes have been categorised separately in tables based on MDCs in this chapter. Episodes with Error DRGs (AR-DRGs 901Z–903Z, 961Z–963Z and 960Z, see Glossary) have been similarly categorised separately, even if they were assigned to an MDC. (Note that error DRGs are included within *Other DRG* in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions.)

Episodes are assigned to AR-DRGs within MDCs, primarily on the basis of the procedure codes (in the *Surgical DRG* partition) or the diagnosis codes (in the *Medical DRG* partition). When more than one AR-DRG is associated with a cluster of closely-related procedures or diagnoses, other variables such as the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, and the mode of separation are used for AR-DRG assignment.

The AIHW regrouped the data, in consultation with the states and territories, and the AR-DRGs that resulted from this regrouping are reported here. They may differ from AR-DRGs derived by states and territories because of data updates applied to the National Hospital Morbidity Database.

The information in this chapter is presented using the three levels of the AR-DRG classification:

- MDCs – these 23 groups are used to provide information at a high level of aggregation (Tables 12.1 to 12.4);
- the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions are included in Tables 12.1 to 12.6;
- AR-DRGs – detailed information is presented for the 30 of the 665 AR-DRGs having the largest number of separations (Tables 12.5 to 12.18).

All tables in this chapter include separations for which the care type was reported as *Acute*, *Newborn* (for separations with at least one qualified day) or was not reported. Separations for care types *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care* and *Newborn* (for separations with unqualified days only) were therefore excluded where they were able to be identified (see Table 7.10). Of all separations, 93.0% were reported as *Acute* (92.4%, 4,016,851 of 4,349,037 in the public sector and 94.1%, 2,527,139 of 2,686,480 in the private sector).

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented. Information on ‘public patient separations’ in Tables 12.1 and 12.2, and Tables 12.6 to 12.12, relates to separations for which the patient election status was reported as *Public* (see Chapter 7).

The average length of stay figures were calculated using all separations. That is, the data were not trimmed of separations with unusually long or short lengths of stay. A relative stay index (RSI) is also included in Tables 12.1 and 12.2 to provide a more accurate measure of the relative length of stay for each MDC in the public and private sectors. The RSI is defined as the actual number of acute patient days divided by the expected number of acute patient days adjusted for casemix (as more complex patients will have relatively longer lengths of stay). An RSI greater than 1 indicates that an average patient’s length of stay is higher than would be expected given the casemix distribution. An RSI of less than 1 indicates that the number of patient days reported was less than would have been expected (see Appendix 3 for more details).

Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been included in the totals only in Tables 12.4, 12.14 and 12.16. These data were supplied but are not separately published for confidentiality reasons.

Cost weights and costs by volume

This chapter presents information using version 5.0 AR-DRGs. The tables can also be found on the Internet at <http://www.aihw.gov.au/>. National cost weights were not available for this version at the time of printing of this report, and similar tables to the tables in this chapter that provide costs statistics using AR-DRG version 4.2 2002–03 cost weights have therefore also been included on the Internet. These Internet tables will be updated once AR-DRG version 4.2 2003–04 cost weights become available.

The AR-DRG version 4.2 2002–03 cost weights were estimated by the Department of Health and Ageing through the National Hospital Cost Data Collection (DoHA 2004). The cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs, such that the average cost weight for all separations is 1.00. The National Hospital Cost Data Collection

also provided estimates of average costs for each separation for an AR-DRG with a cost weight of 1.00: \$2,952 in the public sector and \$2,396 in the private sector (both including depreciation). Separate cost weights are estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The *Cost by volume* figures in the Internet tables from this chapter using version 4.2 AR-DRGs were derived for each AR-DRG by multiplying the estimated average cost for that AR-DRG by the number of separations for the AR-DRG. The cost estimates for all of the AR-DRGs within a given MDC were then summed to produce an estimated cost for the MDC.

The *Cost by volume* figures are estimates only, intended for use as a guide to the approximate relative costs of hospital services during 2003–04. They should be used with caution in any comparisons between the states and territories or between the public and private sectors. They are not derived from, or comparable with, the expenditure and cost per casemix-adjusted separation data presented in Chapters 3 and 4.

Information based on the average cost weights of separations is also included in Chapters 2, 4 and 7. Appendix 6 includes further information on the National Hospital Cost Data Collection.

AR-DRGs and other data elements reported for separations

The information on AR-DRGs reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 12.1 demonstrates this using the example of the AR-DRG F15Z *Percutaneous coronary intervention without AMI with stent implantation*.

There were 19,592 separations with an AR-DRG of F15Z, with an average length of stay of 2.5 days. Some 40.3% (7,898) of these separations involved the public sector and 59.7% (11,694) involved the private sector. Some 73.3% of separations involved males and 79.9% of separations were aged 55–84 years. Most separations (18,196, 92.9%) had a separation mode of *Other*, suggesting that most of the patients went home after separation from hospital. The most common principal diagnosis reported in conjunction with an AR-DRG of F15Z was *Angina pectoris* (I20), followed by *Chronic ischaemic heart disease* (I25), while the most common additional diagnosis was *Chronic ischaemic heart disease* (I25). The most common procedure performed was *Transluminal coronary angioplasty with stenting* (Block 671), followed by *Coronary angiography* (Block 668).

Major Diagnostic Categories

Sector

Tables 12.1 and 12.2 present summary separation, patient day and average length of stay statistics for each of the MDCs by sector.

The MDCs accounting for the largest numbers of separations in the public sector were *Diseases and disorders of the kidney and urinary tract* (18.6%, 755,911) and *Diseases and disorders of the digestive system* (10.4%, 421,909). Those accounting for the largest numbers of

separations in the private sector were *Diseases and disorders of the digestive system* (17.6%, 448,457) and *Diseases and disorders of the musculoskeletal system and connective tissue* (10.9%, 277,759).

The MDCs accounting for the largest numbers of patient days in the public sector were *Diseases and disorders of the circulatory system* (10.1%, 1,345,273) and *Diseases and disorders of the musculoskeletal system and connective tissue* (9.7%, 1,290,061). Those accounting for the largest numbers of patient days in the private sector were *Diseases and disorders of the musculoskeletal system and connective tissue* (15.6%, 1,001,820) and *Diseases and disorders of the digestive system* (12.6%, 809,876). *Diseases and disorders of the kidney and urinary tract* accounted for the most separations over the combined public and private sectors (14.6%, 962,792) while *Diseases and disorders of the musculoskeletal system and connective tissue* accounted for the most patient days (11.6%, 2,291,881).

The average lengths of stay varied by MDC and hospital sector. In the public sector, they ranged from 1.4 days for *Diseases and disorders of the eye* and *Diseases and disorders of the kidney and urinary tract* to 28.2 days for the Pre-MDC group. In the private sector, they ranged from 1.0 day for *Diseases and disorders of the eye* to 30.1 days for the Pre-MDC group.

Differences in average length of stay between hospital sectors were notable for: *Mental diseases and disorders*, where the average length of stay was higher for public hospitals (9.8 days) than for private hospitals (4.7 days); *Newborns and other neonates*, where the average length of stay was higher in public hospitals (7.8 days) than in private hospitals (6.2 days); and *Infectious and parasitic diseases*, where the average length of stay was higher for private hospitals (6.5 days) than for public hospitals (5.0 days). A variety of factors could be responsible for such discrepancies, including differences in the underlying patient populations, AR-DRG profiles of the MDCs, patterns of service provision, available facilities, treatment regimes and reporting practices.

The RSI data provide length of stay comparisons adjusted for differences in patient age profiles and differences in the AR-DRG profiles of MDCs. Some large differences in RSIs between the public and private sectors existed for MDCs such as *Alcohol/drug use and alcohol/drug induced organic mental disorders* (an RSI of 0.86 in the public sector and 1.49 in the private sector) and *Pregnancy, childbirth and puerperium* (an RSI of 0.93 in the public sector and 1.15 in the private sector).

Public patients accounted for 86.9% of separations from public hospitals and 3.3% of separations from private hospitals. The highest proportion of public patients in public hospitals was for *Alcohol/drug use and alcohol/drug induced organic mental disorders* (94.9%), while the smallest was for *Diseases and disorders of the eye* (77.9%). The largest proportions of public patients in private hospitals were for *Diseases and disorders of the kidney and urinary tract* (18.9%), *Injuries, poisoning and toxic effects of drugs* (6.1%) and *Burns* (5.5%).

Medical DRGs accounted for 72.4% (2,940,285) of separations from public hospitals and 37.8% (964,318) of separations from private hospitals. In contrast, *Surgical DRGs* accounted for 20.7% (841,922) of separations from public hospitals and 41.1% (1,048,825) of separations from private hospitals.

States and territories

Tables 12.3 to 12.4 present state and territory counts of hospital separations in MDC categories by sector, and enable jurisdictional comparisons to be made about overall hospital use among MDC categories.

The distributions of separations by MDC within the states and territories were broadly consistent with those at the national level. Notable exceptions in the public sector included *Diseases and disorders of the kidney and urinary tract* in the Northern Territory and in the Australian Capital Territory (42.1% and 26.3% of total separations respectively compared with 18.6% nationally) and *Neoplastic disorders (haematological and solid neoplasms)* in New South Wales and the Australian Capital Territory (1.3% and 9.3% of total separations respectively compared with 4.4% nationally). Notable exceptions in the private sector included *Mental diseases and disorders* in Victoria and South Australia (5.2% and 1.3% of total separations respectively compared with 3.6% nationally).

Public hospitals in the Northern Territory and Tasmania featured relatively large proportions of medical DRGs (83.9% and 76.3% of total separations respectively compared with 72.4% nationally). Private hospitals in New South Wales featured a relatively small proportion of medical DRGs (28.3% of total separations compared with 37.8% nationally).

In Queensland, private hospitals contributed a larger proportion of total separations than was the case in the other jurisdictions for which private hospital data were published, and this relationship carried across to most MDCs. In particular, private hospitals in Queensland contributed 62.9% of the state's total separations for *Diseases and disorders of the digestive system* compared with 51.5% nationally, and 75.5% of the state's total separations for *Diseases and disorders of the eye* compared with 64.9% nationally.

Australian Refined Diagnosis Related Groups

Changes 1999–00 to 2003–04

Table 12.5 presents the 30 AR-DRGs version 5.0 with the largest changes in the numbers of separations in either public or private hospitals (or both) between 1999–00 and 2003–04. For this analysis, data for 1999–00 to 2001–02 were grouped to version 5.0 AR-DRGs. As this grouping required data to be mapped to third edition ICD-10-AM codes from ICD-10-AM second edition (2000–01 and 2001–02) and ICD-10-AM first edition (1999–00), the data may not be completely comparable between years.

For 17 of the listed AR-DRGs the number of separations increased in both the public and private sectors between 1999–00 and 2003–04, with the increases for private hospitals being proportionally larger in most cases. Separations for *Admit for renal dialysis* (L61Z) increased, for example, by 114.0% (71,176) in private hospitals and by 33.0% (154,000) in public hospitals, those for *Chemotherapy* (AR-DRG R63Z) increased by 58.4% (53,122) in private hospitals and by 8.4% (9,843) in public hospitals and those for *Other factors influencing health status, sameday* (AR-DRG Z64B) increased by 296.9% (31,624) in private hospitals and by 74.6% (15,589) in public hospitals.

There was an increase in the number of separations in the private sector and a decrease in the number of separations in the public sector between 1999–00 and 2003–04 for ten of the AR-DRGs listed in Table 12.5. For example, separations for *Other colonoscopy, sameday* (AR-DRG G44C) increased by 33,377 in private hospitals and decreased by 776 in public hospitals. Similarly, separations for *Mental health treatment, same day, without electroconvulsive therapy* (AR-DRG U60Z) increased by 24,119 in private hospitals and decreased by 1,563 in public hospitals.

In private hospitals, the number of separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions of AR-DRGs increased by 26.6%, 36.4% and 27.1% respectively between 1999–00 and 2003–04. Public hospital separations with an AR-DRG in the *Medical DRG* partition increased 13.8% over the period, while public hospital separations with AR-DRGs in the *Surgical DRG* partition and the *Other DRG* partition decreased by 3.9% and 3.7% respectively.

Some of these changes in the private sector may reflect changes in the scope of the National Hospital Morbidity Database, as described in Chapter 2 and Appendix 4. In particular, they would have been affected by the recategorisation of two New South Wales hospitals from private to public between 2002–03 and 2003–04.

Table 12.6 presents the 30 AR-DRGs with the largest changes in the numbers of separations in either public or private patients (or both) for all hospitals between 1999–00 and 2003–04. Some of the changes in the number of separations by public/private election status may reflect changes in the categorisation of patients as described in Chapter 7 (see also Appendix 3). Due to a small proportion of separations whose 'Patient election status' was not reported (less than 5% of all separations in each year), the overall changes by AR-DRG in Table 12.6 are slightly different to those presented in Table 12.5.

For 18 of the listed AR-DRGs the number of separations increased for both public and private patients between 1990–00 and 2003–04, with the increases for private patients being proportionally larger in most cases. Separations for *Admit for renal dialysis* (L61Z) increased, for example, by 67.1% (66,180) for private patients and by 37.5% (160,674) for public patients. Separations for *Chemotherapy* (AR-DRG R63Z) increased by 49.5% (50,521) for private patients and by 11.2% (11,910) for public patients. Separations for *Other factors influencing health status, same day* (AR-DRG Z64B) increased by 282.9% (33,864) for private patients and by 68.7% (13,390) for public patients.

There was an increase in the number of separations of private patients and a decrease in the number of separations of public patients for nine of the AR-DRGs listed in Table 12.6. For example, separations for *Other skin, subcutaneous tissue and breast procedures* (AR-DRG J11Z) increased by 14,057 for private patients and decreased by 2,129 for public patients between 1999–00 and 2003–04. Similarly, separations for *Other gastroscopy for non-major digestive disease, same day* (AR-DRG G45B) increased by 8,196 for private patients and decreased by 15,582 for public patients.

For private patients, the number of separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions of AR-DRGs increased by 25.7%, 33.5% and 26.4% respectively between 1999–00 and 2003–04. Public patient separations with an AR-DRG in the *Medical DRG* partition increased 13.5% over the period, while public patient separations with an AR-DRG in the *Surgical DRG* partition and in the *Other DRG* partition both decreased by 5.4%.

Sector

Tables 12.7 and 12.8 present summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the most overnight separations in public and private hospitals respectively.

In the public sector in 2003–04, *Vaginal delivery without catastrophic or severe complications or comorbidities* (AR-DRG O60B) was the most frequent AR-DRG with 4.3% (87,729) of total overnight separations (Table 12.7). This was also the most frequent AR-DRG in the private sector, with 3.7% (35,061) of total overnight separations (Table 12.8). Of the 30 AR-DRGs

with the most overnight separations for the public sector, only eight were also included in the top 30 for the private sector.

The average length of stay for the top 30 AR-DRGs in the public sector ranged from 25.5 days for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) to 1.7 days for *Poisoning/toxic effects of drugs and other substances age <60 without complications or comorbidities* (AR-DRG X62B). *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) accounted for the most patient days in public hospitals (3.1%).

The length of stay for the top 30 AR-DRGs in the private sector ranged from 17.7 days for *Major affective disorders age <70 without catastrophic or severe complications or comorbidities* (AR-DRG U63B) to 1.0 day for *Sleep apnoea* (AR-DRG E63Z). *Major affective disorders age <70 without catastrophic or severe complications or comorbidities* (AR-DRG U63B) accounted for the most patient days in private hospitals (3.3%).

The highest proportion of public patients in separations from public hospitals occurred for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A, 99.3%) while the lowest was for *Non-surgical spinal disorders without complications or comorbidities* (AR-DRG I68B, 76.2%). The highest proportion of public patients in separations from private hospitals occurred for *Chest pain* (AR-DRG F74Z, 6.6%).

Tables 12.9 and 12.10 contain summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the most same day separations in public and private hospitals respectively. In the public sector in 2003–04, *Admit for renal dialysis* (AR-DRG L61Z) was the most frequent AR-DRG with 30.6% (620,297) of total same day separations (Table 12.9). The most frequent AR-DRG in the private sector was *Chemotherapy* (AR-DRG R63Z) with 9.0% (143,958) of total same day separations (Table 12.10). Of the 10 AR-DRGs with the most same day separations for the public sector, eight were also included in the top 10 AR-DRGs for the private sector.

The highest proportion of same day separations from public hospitals for public patients occurred for *Antenatal and other obstetric admission, same day* (AR-DRG O66B, 95.5%), while the lowest occurred for *Other uterine and adnexa procedures for non-malignancy*, (AR-DRG N07Z, 72.4%). The highest proportion of same day separations from private hospitals for public patients occurred for *Admit for renal dialysis* (AR-DRG L61Z, 27.5%).

Private free-standing day hospitals

Table 12.11 presents summary separation, public patient separation and patient day statistics for the 30 AR-DRGs with the most separations from private free-standing day hospital facilities. *Other colonoscopy, sameday* (AR-DRG G44C) was the most frequent AR-DRG, accounting for 12.1% (58,551) of total separations. The highest proportion of separations from private free-standing day hospitals for public patients occurred for *Admit for renal dialysis* (AR-DRG L61Z, 35.6%).

Public psychiatric hospitals

Most of the separations from public psychiatric hospitals involved AR-DRGs within the MDCs covering *Mental diseases and disorders*, and *Alcohol/drug use and alcohol/drug induced organic mental disorders* (AR-DRGs beginning with U or V, respectively) (Table 12.12). *Mental health treatment, same day, without electroconvulsive therapy* (AR-DRG U60Z) accounted for the most separations (2,621, 17.0%). *Schizophrenia disorders with mental health legal status* (AR-DRG

U61A) accounted for the next largest number of separations (2,370, 15.4%) and the most patient days (100,400, 25.0%).

The average length of stay was fairly long for most of these AR-DRGs and only 18.7% (2,884) of separations were same day separations, compared with 49.0% in public hospitals overall.

When interpreting average lengths of stay, it should be taken into consideration that separation records from public psychiatric hospitals include some with very long individual lengths of stay, some as long as several years. The median lengths of stay were markedly shorter than the average lengths of stay for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) (20 days, compared with the average length of stay of 42.4 days), *Other disorders of the nervous system without catastrophic or severe comorbidities or complications* (AR-DRG B81B) (four days, compared with the average length of stay of 712.5 days) and *Degenerative nervous system disorder, age >59 without catastrophic or severe complications or comorbidities* (AR-DRG B67B) (30 days, compared with the average length of stay of 159.8 days).

States and territories

The most frequent AR-DRGs varied to quite an extent between the states and territories (Tables 12.13 and 12.14). In the Northern Territory and the Australian Capital Territory, for example, *Admit for renal dialysis* (AR-DRG L61Z) accounted for a markedly greater proportion of separations from the public sector than occurred nationally (40.1%, 27,731, and 23.2%, 15,624, respectively, compared with 15.3%, 620,647). The number of separations from the public sector for *Chemotherapy* (R63Z) was lower in New South Wales (3,284 separations) than in other comparable states such as Victoria (55,322 separations) and Queensland (27,060). Some of this variation may be due to differences in admission practices between jurisdictions – for example, the classification of most chemotherapy in public hospitals in New South Wales as outpatient activity rather than admitted patient activity.

In the private sector, examples of differences include separations in Queensland for *Other knee procedures* (AR-DRG I18Z), which accounted for 1.5% of separations (9,006), compared with the national average of 2.2% (55,549).

Average lengths of stay were similar among the states and territories (Tables 12.15 and 12.16), with some exceptions. In the public sector, the average length of stay for *Other skin, subcutaneous tissue and breast procedures* (AR-DRG J11Z) ranged from 1.1 days in South Australia to 2.9 days in the Northern Territory, for *Caesarean delivery without catastrophic or severe complications or comorbidities* (AR-DRG O01C) it ranged from 3.9 days in Queensland to 5.3 days in the Northern Territory and for *Injury to forearm, wrist, hand or foot age <75 without complications or comorbidities* (AR-DRG I74C) it ranged from 1.1 days in Queensland to 1.6 days in the Northern Territory. In the private sector, the average length of stay for *Caesarean delivery without catastrophic or severe complications or comorbidities* (AR-DRG O01C) ranged from 5.1 days in Queensland to 6.5 days in Western Australia, and *Knee replacement and reattachment* (AR-DRG I04Z) ranged from 7.4 days in South Australia to 10.5 days in Western Australia.

Age group and sex

Tables 12.17 and 12.18 describe the age profiles of males and females for each of the most common 30 AR-DRGs. Sixteen of these AR-DRGs were common to both sexes; while others

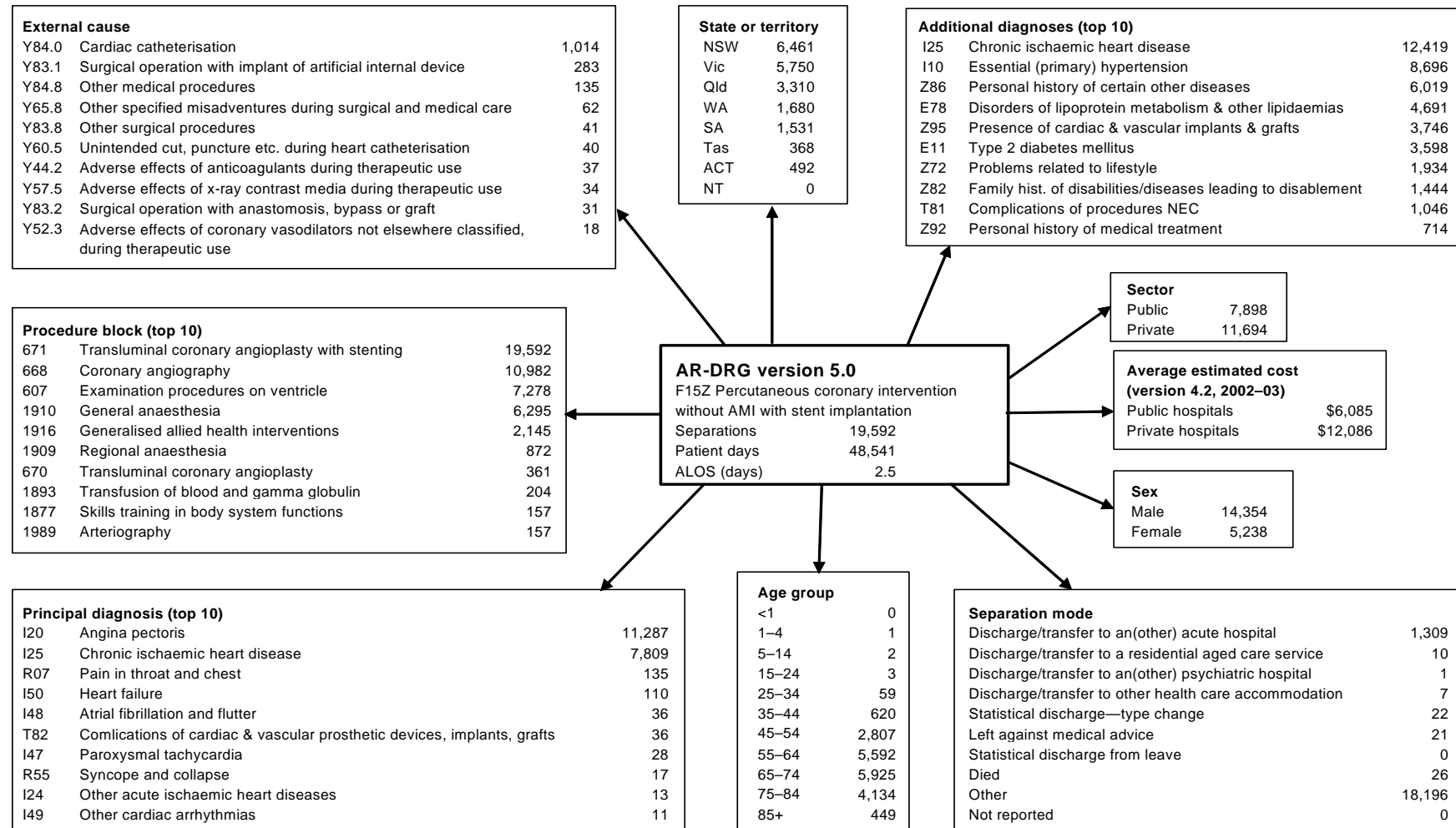
were sex-specific (13 of the top 30 AR-DRGs for females were female-specific, for example, *Vaginal delivery without catastrophic or severe complications or comorbidities* (AR-DRG O60B)). *Admit for renal dialysis* (AR-DRG L61Z) was the most frequent AR-DRG for both males and females. *Chemotherapy* (AR-DRG R63Z) was the next most frequent AR-DRG for both males and females.

Age distributions differed markedly among AR-DRGs. Some 67.2% of separations for *Admit for renal dialysis* (AR-DRG L61Z) involved males and females aged 55–84 years. Similarly, 95.1% of separations for *Lens procedures, same day* (AR-DRG C16B) involved males and females aged 55 years or over. In contrast, 73.0% of separations for *Dental extractions and restorations* (AR-DRG D40Z) involved males and females aged between 5 and 34 years and 48.8% of separations of males for *Injury to forearm, wrist, hand or foot, age <70, without complications or comorbidities* (AR-DRG I74C) involved the 5–14 years age group.

Additional data

Accompanying tables are included on the Internet at <http://www.aihw.gov.au/> to provide national and state and territory summary statistics for public and private hospitals for each AR-DRG (based on version 5.0 AR-DRGs), as presented for the top 30 AR-DRGs in Tables 12., 12.8, 12.9 and 12.10. Also included on the Internet site are all tables from this chapter based on version 4.2 AR-DRGs and 2002–03 cost weights. These tables include cost by volume information. They will be updated with 2003–04 cost data once 2003–04 AR-DRG version 4.2 cost weights become available. All of the Internet tables (those based on version 5.0 AR-DRGs and those based on version 4.2 AR-DRGs) include quartile information on length of stay. For reasons of confidentiality, data for some AR-DRGs in the private sector have been suppressed.

For access to more data on AR-DRGs, the Institute's web site also includes an interactive National Hospital Morbidity Data page having a link to data cubes that provide information on the MDCs and AR-DRGs of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average lengths of stay are available on all MDCs and AR-DRGs of patients by age group, sex and same day status. The source of these data is the National Hospital Morbidity Database.



(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: ALOS—average length of stay, NEC—not elsewhere classified.

Figure 12.1: Interrelationships of an AR-DRG (F15Z Percutaneous coronary intervention without AMI with stent implantation) with other data elements^(a), all hospitals, Australia, 2003–04

Table 12.1: Selected separation statistics, by Major Diagnostic Category version 5.0 and medical/surgical/other partition, public hospitals^(a), Australia, 2003–04

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same day	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	11,204	344	9,147	5.6	316,366	158.2	28.2	29.1	1.00
01 Diseases and disorders of the nervous system	195,180	69,283	164,545	97.6	1,052,596	526.4	5.4	7.8	0.98
02 Diseases and disorders of the eye	78,259	62,958	60,950	39.1	106,668	53.3	1.4	2.9	1.06
03 Diseases and disorders of the ear, nose, mouth and throat	163,367	79,425	140,369	81.7	266,809	133.4	1.6	2.2	1.01
04 Diseases and disorders of the respiratory system	238,766	36,931	202,772	119.4	1,168,093	584.1	4.9	5.6	0.96
05 Diseases and disorders of the circulatory system	346,325	88,808	289,403	173.2	1,345,273	672.7	3.9	4.9	0.99
06 Diseases and disorders of the digestive system	421,909	199,694	368,523	211.0	1,129,452	564.8	2.7	4.2	1.00
07 Diseases and disorders of the hepatobiliary system and pancreas	75,640	15,242	66,165	37.8	319,701	159.9	4.2	5.0	1.01
08 Diseases and disorders of the musculoskeletal system and connective tissue	312,666	117,016	258,151	156.4	1,290,061	645.1	4.1	6.0	0.99
09 Diseases and disorders of the skin, subcutaneous tissue and breast	158,976	83,945	138,701	79.5	463,790	231.9	2.9	5.1	1.02
10 Endocrine, nutritional and metabolic diseases and disorders	58,378	16,517	50,451	29.2	287,491	143.8	4.9	6.5	0.98
11 Diseases and disorders of the kidney and urinary tract	755,911	679,370	671,155	378.0	1,061,061	530.6	1.4	5.0	0.99
12 Diseases and disorders of the male reproductive system	42,530	23,300	36,366	21.3	98,784	49.4	2.3	3.9	1.02
13 Diseases and disorders of the female reproductive system	119,306	75,193	103,922	59.7	227,855	113.9	1.9	3.5	1.01
14 Pregnancy, childbirth and puerperium	322,458	83,787	298,403	161.2	887,647	443.9	2.8	3.4	0.93
15 Newborns and other neonates	56,685	6,867	52,592	28.3	444,121	222.1	7.8	8.8	0.98
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	65,508	43,679	56,162	32.8	152,499	76.3	2.3	5.0	1.00
17 Neoplastic disorders (haematological and solid neoplasms)	178,378	159,141	155,148	89.2	312,607	156.3	1.8	8.0	1.03
18 Infectious and parasitic diseases	53,192	10,475	46,026	26.6	265,970	133.0	5.0	6.0	1.00
19 Mental diseases and disorders	128,234	36,119	120,871	64.1	1,256,686	628.4	9.8	13.3	0.93
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	29,226	6,812	27,738	14.6	119,763	59.9	4.1	5.0	0.86
21 Injuries, poisoning and toxic effects of drugs	120,913	47,672	100,698	60.5	334,025	167.0	2.8	3.9	0.98
22 Burns	6,328	2,050	5,354	3.2	34,207	17.1	5.4	7.5	1.02
23 Factors influencing health status and other contacts with health services	116,228	83,680	102,051	58.1	296,885	148.5	2.6	6.6	1.08
ED Error DRGs	7,031	1,822	5,959	3.5	77,924	39.0	11.1	14.6	1.25
Surgical DRG	841,922	334,943	711,067	421.0	3,466,181	1,733.3	4.1	6.2	0.96
Medical DRG	2,940,285	1,476,439	2,579,652	1,470.3	9,290,590	4,645.8	3.2	5.3	1.03
Other DRG	280,391	218,748	240,903	140.2	559,563	279.8	2.0	5.5	1.06
Total	4,062,598	2,030,130	3,531,622	2,031.5	13,316,334	6,658.9	3.3	5.6	0.98

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 12.2: Selected separation statistics, by Major Diagnostic Category version 5.0 and medical/surgical/other partition, private hospitals^(a), Australia, 2003–04

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same day	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,496	28	29	0.7	44,986	22.5	30.1	30.6	1.02
01 Diseases and disorders of the nervous system	60,243	26,409	1,674	30.1	296,736	148.4	4.9	8.0	1.08
02 Diseases and disorders of the eye	144,985	128,588	3,165	72.5	151,909	76.0	1.0	1.4	0.96
03 Diseases and disorders of the ear, nose, mouth and throat	176,538	121,078	2,270	88.3	213,542	106.8	1.2	1.7	0.99
04 Diseases and disorders of the respiratory system	76,880	6,256	2,484	38.4	378,948	189.5	4.9	5.3	1.12
05 Diseases and disorders of the circulatory system	146,838	35,271	3,760	73.4	585,372	292.7	4.0	4.9	1.02
06 Diseases and disorders of the digestive system	448,457	340,822	6,543	224.3	809,876	405.0	1.8	4.4	1.01
07 Diseases and disorders of the hepatobiliary system and pancreas	32,634	3,306	1,050	16.3	117,190	58.6	3.6	3.9	0.98
08 Diseases and disorders of the musculoskeletal system and connective tissue	277,759	111,132	3,695	138.9	1,001,820	501.0	3.6	5.3	1.01
09 Diseases and disorders of the skin, subcutaneous tissue and breast	155,223	107,142	2,432	77.6	314,390	157.2	2.0	4.3	0.97
10 Endocrine, nutritional and metabolic diseases and disorders	24,706	6,592	543	12.4	106,474	53.2	4.3	5.5	1.04
11 Diseases and disorders of the kidney and urinary tract	206,881	172,778	39,078	103.5	319,262	159.6	1.5	4.3	1.03
12 Diseases and disorders of the male reproductive system	50,132	29,075	943	25.1	117,704	58.9	2.3	4.2	0.98
13 Diseases and disorders of the female reproductive system	131,601	90,112	1,987	65.8	242,708	121.4	1.8	3.7	0.99
14 Pregnancy, childbirth and puerperium	143,540	53,520	4,274	71.8	476,805	238.4	3.3	4.7	1.15
15 Newborns and other neonates	14,433	1,955	481	7.2	89,064	44.5	6.2	7.0	1.08
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	25,744	18,101	594	12.9	53,963	27.0	2.1	4.7	0.99
17 Neoplastic disorders (haematological and solid neoplasms)	172,337	160,735	5,014	86.2	232,595	116.3	1.3	6.2	0.95
18 Infectious and parasitic diseases	11,809	1,640	403	5.9	76,368	38.2	6.5	7.3	1.01
19 Mental diseases and disorders	90,627	68,185	627	45.3	425,759	212.9	4.7	15.9	1.29
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	14,062	10,014	226	7.0	64,451	32.2	4.6	13.4	1.49
21 Injuries, poisoning and toxic effects of drugs	18,494	5,985	1,129	9.2	67,453	33.7	3.6	4.9	1.08
22 Burns	328	73	18	0.2	1,468	0.7	4.5	5.5	0.68
23 Factors influencing health status and other contacts with health services	119,750	105,559	1,504	59.9	199,103	99.6	1.7	6.6	0.91
ED Error DRGs	6,806	3,505	41	3.4	38,171	19.1	5.6	10.5	0.71
Surgical DRG	1,048,825	552,110	14,305	524.5	2,682,737	1,341.5	2.6	4.3	1.14
Medical DRG	964,318	562,277	63,871	482.2	3,103,019	1,551.7	3.2	6.3	0.97
Other DRG	539,160	493,474	5,788	269.6	640,361	320.2	1.2	3.2	0.94
Total	2,552,303	1,607,861	83,964	1,276.3	6,426,117	3,213.4	2.5	5.1	1.04

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 12.3: Separations, by Major Diagnostic Category version 5.0 and medical/surgical/other partition, public hospitals^(a), states and territories, 2003–04

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	3,754	2,987	1,976	962	969	191	205	160	11,204
01	Diseases and disorders of the nervous system	66,621	54,016	31,428	16,799	17,705	4,137	2,643	1,831	195,180
02	Diseases and disorders of the eye	25,152	23,490	11,142	8,027	7,972	561	1,190	725	78,259
03	Diseases and disorders of the ear, nose, mouth and throat	46,280	47,452	31,600	15,356	16,355	2,433	1,909	1,982	163,367
04	Diseases and disorders of the respiratory system	86,363	59,435	39,780	19,415	22,353	4,542	2,632	4,246	238,766
05	Diseases and disorders of the circulatory system	123,602	91,584	60,119	25,144	30,761	6,954	5,182	2,979	346,325
06	Diseases and disorders of the digestive system	148,009	111,879	67,280	37,648	39,464	7,136	6,271	4,222	421,909
07	Diseases and disorders of the hepatobiliary system and pancreas	27,222	19,839	12,487	5,998	6,318	1,643	1,173	960	75,640
08	Diseases and disorders of the musculoskeletal system and connective tissue	105,000	84,076	53,071	28,494	26,461	7,307	4,947	3,310	312,666
09	Diseases and disorders of the skin, subcutaneous tissue and breast	46,731	40,675	31,260	14,878	18,119	3,205	1,659	2,449	158,976
10	Endocrine, nutritional and metabolic diseases and disorders	17,320	16,401	9,877	4,687	6,404	1,625	767	1,297	58,378
11	Diseases and disorders of the kidney and urinary tract	220,474	227,815	118,072	73,370	53,961	15,393	17,677	29,149	755,911
12	Diseases and disorders of the male reproductive system	13,177	13,536	5,969	4,075	4,031	839	484	419	42,530
13	Diseases and disorders of the female reproductive system	36,650	35,717	22,127	9,556	10,982	1,710	1,431	1,133	119,306
14	Pregnancy, childbirth and puerperium	107,278	84,879	59,824	24,298	29,651	5,576	4,420	6,532	322,458
15	Newborns and other neonates	20,335	16,380	9,346	3,258	4,577	742	1,063	984	56,685
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	18,045	20,444	9,644	6,393	7,365	1,302	1,828	487	65,508
17	Neoplastic disorders (haematological and solid neoplasms)	16,893	73,976	34,609	21,890	19,893	3,687	6,255	1,175	178,378
18	Infectious and parasitic diseases	20,570	13,203	9,051	4,336	3,613	890	650	879	53,192
19	Mental diseases and disorders	42,190	33,378	23,331	10,537	13,312	3,474	1,173	839	128,234
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	12,790	4,696	5,162	3,099	2,219	756	197	307	29,226
21	Injuries, poisoning and toxic effects of drugs	39,944	31,375	24,884	10,087	9,093	2,409	1,317	1,804	120,913
22	Burns	2,007	1,174	1,493	656	656	137	40	165	6,328
23	Factors influencing health status and other contacts with health services	31,340	36,063	20,921	9,040	13,255	2,447	2,138	1,024	116,228
ED	Error DRGs	3,496	1,452	612	731	445	99	47	149	7,031
	Surgical DRG	264,275	242,027	140,344	76,737	81,837	14,081	13,622	8,999	841,922
	Medical DRG	932,352	822,789	512,171	251,323	254,768	60,434	48,358	58,090	2,940,285
	Other DRG	84,616	81,106	42,550	30,674	29,329	4,680	5,318	2,118	280,391
Total		1,281,243	1,145,922	695,065	358,734	365,934	79,195	67,298	69,207	4,062,598

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 12.4: Separations, by Major Diagnostic Category version 5.0 and medical/surgical/other partition, private hospitals^(a), states and territories, 2003–04

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	327	315	496	134	164	n.p.	n.p.	n.p.	1,496
01 Diseases and disorders of the nervous system	13,256	15,696	16,033	7,362	5,189	n.p.	n.p.	n.p.	60,243
02 Diseases and disorders of the eye	51,490	29,093	34,401	12,863	10,775	n.p.	n.p.	n.p.	144,985
03 Diseases and disorders of the ear, nose, mouth and throat	50,985	42,526	35,214	24,387	16,756	n.p.	n.p.	n.p.	176,538
04 Diseases and disorders of the respiratory system	17,171	21,070	21,371	6,831	7,192	n.p.	n.p.	n.p.	76,880
05 Diseases and disorders of the circulatory system	38,903	39,942	36,207	13,128	12,451	n.p.	n.p.	n.p.	146,838
06 Diseases and disorders of the digestive system	125,588	124,593	113,919	41,329	29,968	n.p.	n.p.	n.p.	448,457
07 Diseases and disorders of the hepatobiliary system and pancreas	8,515	7,922	8,045	3,524	3,033	n.p.	n.p.	n.p.	32,634
08 Diseases and disorders of the musculoskeletal system and connective tissue	76,715	69,859	51,689	37,294	27,955	n.p.	n.p.	n.p.	277,759
09 Diseases and disorders of the skin, subcutaneous tissue and breast	42,692	35,787	38,216	15,670	15,350	n.p.	n.p.	n.p.	155,223
10 Endocrine, nutritional and metabolic diseases and disorders	5,078	6,620	6,732	2,809	2,249	n.p.	n.p.	n.p.	24,706
11 Diseases and disorders of the kidney and urinary tract	42,334	43,973	59,411	34,649	22,724	n.p.	n.p.	n.p.	206,881
12 Diseases and disorders of the male reproductive system	16,435	11,962	10,051	5,763	3,379	n.p.	n.p.	n.p.	50,132
13 Diseases and disorders of the female reproductive system	40,855	33,245	29,496	11,841	9,958	n.p.	n.p.	n.p.	131,601
14 Pregnancy, childbirth and puerperium	37,065	41,038	35,090	16,880	6,697	n.p.	n.p.	n.p.	143,540
15 Newborns and other neonates	3,745	4,211	2,625	2,609	773	n.p.	n.p.	n.p.	14,433
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	4,955	7,318	7,757	2,902	1,865	n.p.	n.p.	n.p.	25,744
17 Neoplastic disorders (haematological and solid neoplasms)	32,280	45,466	53,321	19,887	14,447	n.p.	n.p.	n.p.	172,337
18 Infectious and parasitic diseases	2,416	3,031	3,579	1,297	935	n.p.	n.p.	n.p.	11,809
19 Mental diseases and disorders	15,691	34,342	21,624	10,362	2,591	n.p.	n.p.	n.p.	90,627
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	2,489	5,488	4,460	813	332	n.p.	n.p.	n.p.	14,062
21 Injuries, poisoning and toxic effects of drugs	3,669	4,484	4,953	2,809	1,629	n.p.	n.p.	n.p.	18,494
22 Burns	48	74	91	40	52	n.p.	n.p.	n.p.	328
23 Factors influencing health status and other contacts with health services	34,283	34,961	27,635	10,764	7,094	n.p.	n.p.	n.p.	119,750
ED Error DRGs	1,734	3,111	749	476	542	n.p.	n.p.	n.p.	6,806
Surgical DRG	321,050	250,719	229,293	110,633	90,313	n.p.	n.p.	n.p.	1,048,825
Medical DRG	189,206	264,492	266,841	124,872	77,720	n.p.	n.p.	n.p.	964,318
Other DRG	158,463	150,916	127,031	50,918	36,067	n.p.	n.p.	n.p.	539,160
Total	668,719	666,127	623,165	286,423	204,100	n.p.	n.p.	n.p.	2,552,303

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

n.p. Not published.

Table 12.5: Separations for the 30 AR-DRGs version 5.0 with the largest changes in the total numbers of separations^(a), by hospital sector, Australia, 1999–00 to 2003–04

AR-DRG	Private hospitals						Public hospitals					
	1999–00	2000–01	2001–02	2002–03	2003–04	Change 1999–00 to 2003–04	1999–00	2000–01	2001–02	2002–03	2003–04	Change 1999–00 to 2003–04
	L61Z Admit for Renal Dialysis	62,442	84,553	88,806	103,153	133,618	71,176	466,647	493,275	539,303	583,296	620,647	154,000
R63Z Chemotherapy	91,022	111,812	121,813	135,523	144,144	53,122	117,290	112,329	116,313	127,360	127,133	9,843
Z64B Other Factors Influencing Health Status, Sameday	10,650	13,160	20,128	34,788	42,274	31,624	20,899	20,984	25,815	34,372	36,488	15,589
C16B Lens Procedures, Sameday	65,585	75,167	83,648	91,999	97,247	31,662	32,452	34,769	38,474	42,304	43,237	10,785
G44C Other Colonoscopy, Sameday	106,328	124,317	128,830	137,993	139,705	33,377	50,874	50,967	50,645	52,296	50,098	-776
O05Z Abortion W O.R. Procedure	24,862	27,812	35,543	46,492	46,809	21,947	36,556	34,985	33,413	32,071	30,347	-6,209
G46C Complex Gastroscopy, Sameday	36,159	44,335	49,409	56,531	60,844	24,685	14,826	15,850	16,482	18,143	18,250	3,424
U60Z Mental Health Treatment, Sameday, W/O ECT	41,275	48,411	56,500	65,136	65,394	24,119	27,929	26,031	25,185	25,312	26,366	-1,563
F74Z Chest Pain	8,284	9,739	10,472	10,983	11,678	3,394	42,714	48,105	55,055	58,921	63,753	21,039
D40Z Dental Extractions and Restorations	55,939	61,482	73,782	78,006	78,749	22,810	23,983	21,657	24,899	21,997	24,568	585
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	95,091	108,071	101,088	101,588	102,819	7,728	59,888	57,539	51,172	48,042	44,499	-15,389
O60B Vaginal Delivery W/O Catastrophic or Severe CC	31,286	32,506	34,509	35,934	35,173	3,887	105,229	96,979	85,542	83,716	90,077	-15,152
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	9,133	10,209	10,252	10,740	10,870	1,737	41,602	46,121	49,243	53,400	58,589	16,987
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	37,027	44,656	48,673	50,991	50,345	13,318	40,489	37,195	36,620	39,009	38,817	-1,672
O01C Caesarean Delivery W/O Catastrophic or Severe CC	14,856	17,095	20,317	22,535	23,562	8,706	27,658	29,604	29,652	31,294	33,239	5,581
Z40Z Follow Up W Endoscopy	43,847	52,623	61,355	55,167	55,157	11,310	31,208	32,763	31,416	29,571	28,871	-2,337
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	10,297	11,704	13,590	15,074	16,380	6,083	26,772	27,941	29,943	30,947	33,187	6,415
E63Z Sleep Apnoea	14,286	18,298	22,133	24,404	26,255	11,969	4,363	4,347	4,875	4,821	4,891	528
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	14,795	18,051	19,829	22,109	23,796	9,001	6,677	7,083	7,607	8,117	8,513	1,836
R61C Lymphoma and Non-Acute Leukaemia, Sameday	7,470	9,100	10,246	11,540	13,159	5,689	19,697	19,584	20,868	23,173	24,792	5,095
I18Z Other Knee Procedures	49,689	52,813	55,341	54,652	55,549	5,860	20,315	18,482	17,506	16,717	16,452	-3,863
C16A Lens Procedures	16,954	15,132	13,039	11,438	10,016	-6,938	5,412	4,356	3,693	3,012	2,711	-2,701
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	22,367	24,599	26,069	28,476	29,647	7,280	18,690	16,616	16,347	17,021	16,993	-1,697
G42B Other Gastroscopy for Major Digestive Disease, Sameday	13,884	13,619	11,547	10,692	8,631	-5,253	8,531	7,551	6,630	6,079	5,168	-3,363
N08Z Endoscopic Procedures for Female Reproductive System	13,146	14,772	15,173	14,394	13,064	-82	24,377	22,491	19,345	17,481	16,050	-8,327
I04Z Knee Replacement and Reattachment	11,161	12,753	15,339	16,383	17,628	6,467	7,259	7,195	8,101	8,603	9,174	1,915
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	29,450	33,932	35,006	36,496	37,684	8,234	19,070	19,673	19,208	19,323	18,942	-128
O66B Antenatal & Other Obstetric Admission, Sameday	2,436	2,810	2,685	2,789	3,113	677	29,470	28,721	29,760	34,581	37,050	7,580
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	15,652	18,848	20,680	21,471	22,734	7,082	16,514	16,534	16,400	17,420	17,550	1,036
K60B Diabetes W/O Catastrophic or Severe CC	1,445	2,113	2,504	3,213	2,830	1,385	11,557	14,420	15,591	16,794	17,707	6,150
Surgical DRG	828,760	916,982	994,562	1,029,330	1,048,825	220,065	876,043	842,028	830,087	834,971	841,922	-34,121
Medical DRG	707,034	802,747	856,618	913,629	964,318	257,284	2,583,547	2,629,181	2,723,784	2,841,146	2,940,285	356,738
Other DRG	424,093	486,380	511,799	530,736	539,160	115,067	291,306	288,050	284,623	281,609	280,391	-10,915

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*. AR-DRGs have been ordered by the sum of the absolute values of the changes in number of separations in the public and private sectors between 1999–00 and 2003–04.

Notes: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy.

Table 12.6: Separations for the 30 AR-DRGs version 5.0 with the largest changes in the total numbers of separations^(a), by patient election status^{(b)(c)}, Australia, 1999–00 to 2003–04

AR-DRG	Private patients						Public patients					
	1999–00	2000–01	2001–02	2002–03	2003–04	Change 1999–00 to 2003–04	1999–00	2000–01	2001–02	2002–03	2003–04	Change 1999–00 to 2003–04
L61Z Admit for Renal Dialysis	98,596	114,688	118,934	138,286	164,776	66,180	428,469	462,155	508,771	547,884	589,143	160,674
R63Z Chemotherapy	102,125	118,012	128,327	144,422	152,646	50,521	105,934	104,039	109,264	117,596	117,844	11,910
Z64B Other Factors Influencing Health Status, Sameday	11,969	14,890	22,256	37,607	45,833	33,864	19,501	19,182	23,565	31,358	32,891	13,390
C16B Lens Procedures, Sameday	69,918	79,699	87,812	97,533	104,081	34,163	27,121	29,531	32,469	36,023	36,373	9,252
G44C Other Colonoscopy, Sameday	109,749	127,072	131,798	141,343	143,782	34,033	47,158	47,643	46,581	48,384	45,999	-1,159
O05Z Abortion W O.R. Procedure	26,689	31,515	38,935	48,803	49,283	22,594	32,685	31,127	29,674	29,308	26,968	-5,717
G46C Complex Gastroscopy, Sameday	37,522	45,564	50,799	58,097	62,752	25,230	13,373	14,418	14,848	16,445	16,331	2,958
U60Z Mental Health Treatment, Sameday, W/O ECT	43,655	49,351	59,024	66,961	68,217	24,562	24,710	23,167	22,012	22,056	23,526	-1,184
F74Z Chest Pain	12,266	14,400	15,623	16,564	18,155	5,889	38,560	43,309	49,653	53,150	57,212	18,652
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	99,264	111,696	104,430	105,366	107,460	8,196	55,379	53,416	46,726	43,727	39,797	-15,582
D40Z Dental Extractions and Restorations	61,284	65,489	77,803	83,172	84,430	23,146	18,252	16,930	19,852	16,697	18,869	617
O60B Vaginal Delivery W/O Catastrophic or Severe CC	35,586	37,061	39,458	40,083	40,545	4,959	99,509	91,711	79,910	78,853	84,518	-14,991
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	12,543	14,629	14,971	15,827	16,853	4,310	37,918	41,462	44,290	48,107	52,483	14,565
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	39,922	47,086	50,836	54,206	53,979	14,057	37,288	34,040	33,362	35,353	35,159	-2,129
O01C Caesarean Delivery W/O Catastrophic or Severe CC	16,647	18,984	22,831	25,109	26,459	9,812	25,470	27,337	26,861	28,472	30,271	4,801
Z40Z Follow Up W Endoscopy	46,020	54,863	63,257	57,280	57,525	11,505	28,948	30,262	28,875	27,250	26,496	-2,452
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	13,076	14,350	16,425	18,069	20,221	7,145	23,880	25,149	26,915	27,805	29,322	5,442
E63Z Sleep Apnoea	14,422	18,326	22,035	24,557	26,772	12,350	4,203	4,112	4,534	4,441	4,362	159
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	15,615	18,820	20,562	23,024	24,933	9,318	5,771	6,048	6,722	7,158	7,366	1,595
R61C Lymphoma and Non-Acute Leukaemia, Sameday	10,374	11,953	13,207	14,747	16,994	6,620	16,696	16,657	17,808	19,913	20,947	4,251
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	24,541	25,981	28,909	31,518	32,545	8,004	16,333	14,678	13,228	13,466	13,767	-2,566
I18Z Other Knee Procedures	50,974	53,532	56,055	56,125	57,295	6,321	18,590	16,956	16,164	15,071	14,689	-3,901
C16A Lens Procedures	18,083	16,043	13,732	12,099	10,552	-7,531	4,159	3,238	2,926	2,343	2,173	-1,986
G42B Other Gastroscopy for Major Digestive Disease, Sameday	14,694	14,351	12,158	11,344	9,319	-5,375	7,678	6,740	5,929	5,371	4,474	-3,204
O66B Antenatal & Other Obstetric Admission, Sameday	3,099	3,804	3,738	4,204	4,393	1,294	28,475	27,704	28,454	32,908	35,703	7,228
I04Z Knee Replacement and Reattachment	11,438	12,852	15,417	16,687	18,246	6,808	6,871	6,836	7,842	8,249	8,555	1,684
N08Z Endoscopic Procedures for Female Reproductive System	15,003	16,287	16,512	15,525	14,352	-651	22,394	20,767	17,732	16,185	14,753	-7,641
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	34,076	38,445	39,312	40,379	41,560	7,484	14,234	14,825	14,313	14,981	15,018	784
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	16,549	19,683	21,510	22,818	24,353	7,804	15,469	15,480	15,338	16,002	15,908	439
K60B Diabetes W/O Catastrophic or Severe CC	2,445	3,485	4,133	4,916	4,977	2,532	10,521	13,000	13,914	15,028	15,552	5,031
Surgical DRG	925,349	1,010,050	1,087,113	1,132,136	1,163,392	238,043	767,100	734,791	723,160	724,634	725,372	-41,728
Medical DRG	941,312	1,048,153	1,109,078	1,181,036	1,256,786	315,474	2,329,291	2,367,578	2,456,167	2,560,404	2,643,523	314,232
Other DRG	452,613	511,849	538,387	559,863	572,188	119,575	260,782	258,506	252,370	249,669	246,691	-14,091

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*. AR-DRGs have been ordered by the sum of the absolute values of the changes in number of separations for public and private patients between 1999–00 and 2003–04.

(b) Caution should be used when interpreting these data as the data element *Patient election status* has changed over time. See Appendix 3 for more information.

(c) The table excludes separations for which *Patient election status* was not reported. There were 6,949 such separations in 2003–04.

Notes: Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, ECT—electroconvulsive therapy, O.R.—operating room.

Table 12.7: Selected separation statistics for the 30 AR-DRGs version 5.0 with the largest number of overnight separations, public hospitals^(a), Australia, 2003–04

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)
O60B Vaginal Delivery W/O Catastrophic or Severe CC	87,729	81,390	43.9	273,391	136.7	3.1
F74Z Chest Pain	38,868	33,469	19.4	74,129	37.1	1.9
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	36,668	31,567	18.3	92,104	46.1	2.5
O01C Caesarean Delivery W/O Catastrophic or Severe CC	33,126	29,664	16.6	150,193	75.1	4.5
O66A Antenatal & Other Obstetric Admission	32,703	30,548	16.4	78,573	39.3	2.4
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	28,309	25,242	14.2	124,849	62.4	4.4
E62C Respiratory Infections/Inflammations W/O CC	25,267	21,703	12.6	98,021	49.0	3.9
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	24,136	23,021	12.1	58,844	29.4	2.4
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	22,029	18,623	11.0	123,427	61.7	5.6
E69C Bronchitis and Asthma Age <50 W/O CC	21,440	19,708	10.7	40,705	20.4	1.9
F62B Heart Failure and Shock W/O Catastrophic CC	20,679	16,532	10.3	125,809	62.9	6.1
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	20,490	18,151	10.2	38,877	19.4	1.9
F72B Unstable Angina W/O Catastrophic or Severe CC	19,090	15,850	9.5	53,089	26.5	2.8
E65A Chronic Obstructive Airways Disease W Catastrophic or Severe CC	18,376	15,088	9.2	155,723	77.9	8.5
E62B Respiratory Infections/Inflammations W Severe or Moderate CC	18,178	15,039	9.1	121,047	60.5	6.7
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	17,953	17,327	9.0	230,311	115.2	12.8
D63B Otitis Media and URI W/O CC	17,822	16,081	8.9	37,505	18.8	2.1
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	17,452	13,853	8.7	52,043	26.0	3.0
U67Z Personality Disorders and Acute Reactions	17,413	16,899	8.7	92,110	46.1	5.3
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	17,376	15,920	8.7	33,566	16.8	1.9
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	16,099	15,561	8.1	44,994	22.5	2.8
G07B Appendicectomy W/O Catastrophic or Severe CC	15,866	13,619	7.9	45,830	22.9	2.9
I68B Non-surgical Spinal Disorders W/O CC	15,826	12,062	7.9	65,934	33.0	4.2
B76B Seizure W/O Catastrophic or Severe CC	14,883	13,405	7.4	37,506	18.8	2.5
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	14,865	14,095	7.4	24,882	12.4	1.7
Z64A Other Factors Influencing Health Status	14,757	13,069	7.4	93,934	47.0	6.4
G68B Gastroenteritis Age <10 W/O CC	14,712	13,314	7.4	25,944	13.0	1.8
U61B Schizophrenia Disorders W/O Mental Health Legal Status	14,493	14,261	7.2	282,175	141.1	19.5
X60C Injuries Age <65	14,006	11,148	7.0	26,404	13.2	1.9
U61A Schizophrenia Disorders W Mental Health Legal Status	13,536	13,434	6.8	344,712	172.4	25.5
Other	1,348,321	1,132,892	674.2	8,239,550	4,120.2	6.1
Total	2,032,468	1,742,535	1,016.3	11,286,181	5,643.7	5.6

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Crude rate based on Australian population as at 31 December 2003.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room.

2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.

Table 12.8: Selected separation statistics for the 30 AR-DRGs version 5.0 with the largest number of overnight separations, private hospitals^(a), Australia, 2003–04

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)
O60B Vaginal Delivery W/O Catastrophic or Severe CC	35,061	1,162	17.5	157,483	78.8	4.5
E63Z Sleep Apnoea	25,855	133	12.9	26,271	13.1	1.0
O01C Caesarean Delivery W/O Catastrophic or Severe CC	23,551	539	11.8	133,650	66.8	5.7
I16Z Other Shoulder Procedures	21,004	157	10.5	37,169	18.6	1.8
G09Z Inguinal and Femoral Hernia Procedures Age>0	19,072	290	9.5	30,244	15.1	1.6
I04Z Knee Replacement and Reattachment	17,588	236	8.8	146,086	73.1	8.3
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	16,665	520	8.3	33,007	16.5	2.0
N04Z Hysterectomy for Non-Malignancy	15,342	260	7.7	68,828	34.4	4.5
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	14,406	0	7.2	28,063	14.0	1.9
D11Z Tonsillectomy and/or Adenoidectomy	13,818	182	6.9	15,042	7.5	1.1
I18Z Other Knee Procedures	11,266	85	5.6	20,047	10.0	1.8
I03C Hip Replacement W/O Catastrophic or Severe CC	10,832	135	5.4	88,926	44.5	8.2
F15Z Percutaneous Coronary Intervention W/O AMI W Stent Implantation	10,595	0	5.3	27,790	13.9	2.6
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC	10,166	179	5.1	36,088	18.0	3.5
C16A Lens Procedures	10,016	33	5.0	11,293	5.6	1.1
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	9,628	431	4.8	35,472	17.7	3.7
I10B Other Back and Neck Procedures W/O Catastrophic or Severe CC	9,589	67	4.8	51,129	25.6	5.3
D10Z Nasal Procedures	9,431	103	4.7	11,126	5.6	1.2
I68B Non-surgical Spinal Disorders W/O CC	9,341	183	4.7	51,238	25.6	5.5
N06Z Female Reproductive System Reconstructive Procedures	9,336	162	4.7	33,126	16.6	3.5
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	9,071	115	4.5	160,693	80.4	17.7
D06Z Sinus, Mastoid and Complex Middle Ear Procedures	8,720	72	4.4	11,255	5.6	1.3
I20Z Other Foot Procedures	8,682	100	4.3	19,016	9.5	2.2
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	8,233	178	4.1	17,831	8.9	2.2
F20Z Vein Ligation and Stripping	7,938	80	4.0	12,160	6.1	1.5
O66A Antenatal & Other Obstetric Admission	7,821	506	3.9	20,672	10.3	2.6
F74Z Chest Pain	7,797	516	3.9	19,102	9.6	2.4
I29Z Knee Reconstruction or Revision	7,409	37	3.7	11,627	5.8	1.6
I30Z Hand Procedures	7,208	55	3.6	10,307	5.2	1.4
J06B Major Procedures for Non-Malignant Breast Conditions	7,131	69	3.6	13,465	6.7	1.9
Other	561,870	15,525	281.0	3,480,050	1,740.2	6.2
Total	944,442	22,110	472.3	4,818,256	2,409.4	5.1

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Crude rate based on Australian population as at 31 December 2003.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, Proc—procedure.

2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.

Table 12.9: Selected separation statistics for the 30 AR-DRGs version 5.0 with the largest number of same day separations, public hospitals^(a), Australia, 2003–04

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)
L61Z Admit for Renal Dialysis	620,297	552,052	310.2
R63Z Chemotherapy	127,021	113,247	63.5
G44C Other Colonoscopy, Sameday	50,098	44,554	25.1
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	44,499	38,853	22.3
C16B Lens Procedures, Sameday	43,237	33,871	21.6
O66B Antenatal & Other Obstetric Admission, Sameday	37,050	35,369	18.5
Z64B Other Factors Influencing Health Status, Sameday	36,488	32,301	18.2
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	35,211	31,367	17.6
Z40Z Follow Up W Endoscopy	27,816	25,006	13.9
U60Z Mental Health Treatment, Sameday, W/O ECT	26,366	23,456	13.2
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	25,798	22,920	12.9
F74Z Chest Pain	24,885	22,921	12.4
R61C Lymphoma and Non-Acute Leukaemia, Sameday	24,792	20,610	12.4
O05Z Abortion W O.R. Procedure	24,207	20,904	12.1
D40Z Dental Extractions and Restorations	23,020	17,445	11.5
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	21,921	20,341	11.0
N09Z Conisation, Vagina, Cervix and Vulva Procedures	19,353	17,398	9.7
X60C Injuries Age <65	19,135	15,873	9.6
G46C Complex Gastroscopy, Sameday	18,250	15,897	9.1
L41Z Cystourethroscopy, Sameday	17,830	16,177	8.9
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	16,578	14,667	8.3
I68C Non-surgical Spinal Disorders, Sameday	16,063	13,659	8.0
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	14,894	14,106	7.4
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	14,001	10,138	7.0
N08Z Endoscopic Procedures for Female Reproductive System	13,295	12,072	6.6
I18Z Other Knee Procedures	12,855	11,275	6.4
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	12,233	10,796	6.1
L67C Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	11,661	10,422	5.8
I30Z Hand Procedures	11,556	9,883	5.8
Q60C Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	10,947	9,211	5.5
Other	628,773	552,296	314.4
Total	2,030,130	1,789,087	1,015.2

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Crude rate based on Australian population as at 31 December 2003.

Notes: 1. Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy.

2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.

Table 12.10: Selected separation statistics for the 30 AR-DRGs version 5.0 with the largest number of same day separations, private hospitals^(a), Australia, 2003–04

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)
R63Z Chemotherapy	143,958	4,498	72.0
G44C Other Colonoscopy, Sameday	139,705	1,445	69.9
L61Z Admit for Renal Dialysis	133,556	36,754	66.8
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	102,819	944	51.4
C16B Lens Procedures, Sameday	97,247	2,502	48.6
D40Z Dental Extractions and Restorations	75,310	112	37.7
U60Z Mental Health Treatment, Sameday, W/O ECT	65,394	70	32.7
G46C Complex Gastroscopy, Sameday	60,844	434	30.4
Z40Z Follow Up W Endoscopy	53,725	590	26.9
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	46,885	604	23.4
O05Z Abortion W O.R. Procedure	45,562	230	22.8
I18Z Other Knee Procedures	44,283	284	22.1
Z64B Other Factors Influencing Health Status, Sameday	42,274	590	21.1
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	32,033	536	16.0
L41Z Cystourethroscopy, Sameday	21,059	535	10.5
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	18,536	213	9.3
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	16,257	180	8.1
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	16,092	88	8.0
I68C Non-surgical Spinal Disorders, Sameday	15,492	229	7.7
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	15,241	366	7.6
B05Z Carpal Tunnel Release	14,682	185	7.3
I30Z Hand Procedures	14,506	98	7.3
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	14,501	125	7.3
R61C Lymphoma and Non-Acute Leukaemia, Sameday	13,159	337	6.6
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	13,073	3	6.5
N09Z Conisation, Vagina, Cervix and Vulva Procedures	13,056	226	6.5
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	12,552	225	6.3
D13Z Myringotomy W Tube Insertion	11,704	85	5.9
N08Z Endoscopic Procedures for Female Reproductive System	10,695	201	5.3
C11Z Eyelid Procedures	8,694	125	4.3
Other	294,967	9,040	147.5
Total	1,607,861	61,854	804.0

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Crude rate based on Australian population as at 31 December 2003.

Notes: 1. Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, O.R.—operating room, Proc—procedure, ECT—electroconvulsive therapy.

2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.

Table 12.11: Selected separation statistics for the 30 AR-DRGs version 5.0 with the largest number of separations, private free-standing day hospitals^(a), Australia^(b), 2003–04

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(c)	Patient days	Patient day per 10,000 population ^(c)
G44C Other Colonoscopy, Sameday	58,551	58,551	0	29.3	58,551	29.3
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	49,013	49,013	0	24.5	49,013	24.5
C16B Lens Procedures, Sameday	49,005	49,005	399	24.5	49,005	24.5
L61Z Admit for Renal Dialysis	36,900	36,900	13,122	18.5	36,900	18.5
O05Z Abortion W O.R. Procedure	35,937	35,937	17	18.0	35,937	18.0
R63Z Chemotherapy	32,626	32,626	510	16.3	32,626	16.3
G46C Complex Gastroscopy, Sameday	26,234	26,234	1	13.1	26,234	13.1
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	19,175	19,175	18	9.6	19,175	9.6
D40Z Dental Extractions and Restorations	16,674	16,668	1	8.3	16,674	8.3
Z40Z Follow Up W Endoscopy	15,594	15,594	0	7.8	15,594	7.8
Z64B Other Factors Influencing Health Status, Sameday	10,222	10,222	2	5.1	10,222	5.1
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	8,550	8,549	176	4.3	8,550	4.3
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	8,015	8,011	367	4.0	8,015	4.0
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	7,323	7,323	39	3.7	7,323	3.7
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	6,395	6,394	2	3.2	6,395	3.2
R61C Lymphoma and Non-Acute Leukaemia, Sameday	5,081	5,081	0	2.5	5,081	2.5
I18Z Other Knee Procedures	4,908	4,891	0	2.5	4,908	2.5
C11Z Eyelid Procedures	4,420	4,420	10	2.2	4,420	2.2
G42B Other Gastroscopy for Major Digestive Disease, Sameday	4,124	4,124	0	2.1	4,124	2.1
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	3,876	3,876	0	1.9	3,876	1.9
C14Z Other Eye Procedures	3,380	3,380	5	1.7	3,380	1.7
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	3,075	3,075	219	1.5	3,075	1.5
E63Z Sleep Apnoea	2,735	74	1	1.4	2,735	1.4
J06B Major Procedures for Non-Malignant Breast Conditions	2,670	2,670	2	1.3	2,670	1.3
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,567	2,567	0	1.3	2,567	1.3
C12Z Other Corneal, Scleral and Conjunctival Procedures	2,552	2,552	0	1.3	2,552	1.3
C03Z Retinal Procedures	2,223	2,223	1	1.1	2,223	1.1
C04Z Major Corneal, Scleral and Conjunctival Procedures	2,222	2,222	0	1.1	2,222	1.1
I30Z Hand Procedures	2,188	2,188	15	1.1	2,188	1.1
B05Z Carpal Tunnel Release	2,143	2,143	2	1.1	2,143	1.1
Other	56,612	56,207	1,473	28.3	56,612	28.3
Total	484,990	481,895	16,382	242.5	484,990	242.5

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Excludes separations from private free-standing day hospitals in Tasmania.

(c) Crude rate based on Australian population as at 31 December 2003.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, O.R.—operating room, Proc—procedure.

Table 12.12: Selected separation statistics for the 30 AR-DRGs version 5.0 with the largest number of separations, public psychiatric hospitals^(a), Australia, 2003–04

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)
U60Z Mental Health Treatment, Sameday, W/O ECT	2,621	2,621	2,514	1.3	2,621	1.3	1.0
U61A Schizophrenia Disorders W Mental Health Legal Status	2,370	0	2,321	1.2	100,400	50.2	42.4
U67Z Personality Disorders and Acute Reactions	1,903	0	1,893	1.0	13,913	7.0	7.3
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,901	0	1,889	1.0	36,791	18.4	19.4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,754	0	1,752	0.9	94,660	47.3	54.0
V61Z Drug Intoxication and Withdrawal	489	14	487	0.2	4,335	2.2	8.9
Z64A Other Factors Influencing Health Status	480	0	480	0.2	3,562	1.8	7.4
V62A Alcohol Use Disorder and Dependence	431	0	431	0.2	4,021	2.0	9.3
V63A Opioid Use Disorder and Dependence	405	6	405	0.2	2,456	1.2	6.1
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	381	0	360	0.2	7,886	3.9	20.7
U64Z Other Affective and Somatoform Disorders	370	0	368	0.2	3,683	1.8	10.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	324	2	306	0.2	40,050	20.0	123.6
V60B Alcohol Intoxication and Withdrawal W/O CC	324	50	323	0.2	1,916	1.0	5.9
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	291	0	290	0.1	4,959	2.5	17.0
V64Z Other Drug Use Disorder and Dependence	276	11	274	0.1	2,089	1.0	7.6
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	254	0	245	0.1	19,131	9.6	75.3
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	137	9	137	0.1	414	0.2	3.0
Z64B Other Factors Influencing Health Status, Sameday	113	113	113	0.1	113	0.1	1.0
U65Z Anxiety Disorders	92	0	90	0.0	1,477	0.7	16.1
U68Z Childhood Mental Disorders	69	0	69	0.0	939	0.5	13.6
V60A Alcohol Intoxication and Withdrawal W CC	67	8	67	0.0	1,205	0.6	18.0
B64B Delirium W/O Catastrophic CC	64	3	62	0.0	1,423	0.7	22.2
U66Z Eating and Obsessive-Compulsive Disorders	44	0	44	0.0	1,345	0.7	30.6
O61Z Postpartum and Post Abortion W/O O.R. Procedure	35	0	35	0.0	605	0.3	17.3
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	28	0	28	0.0	19,950	10.0	712.5
V62B Alcohol Use Disorder and Dependence, Sameday	20	20	20	0.0	20	0.0	1.0
U40Z Mental Health Treatment, Sameday, W ECT	12	12	12	0.0	12	0.0	1.0
B67B Degenerative Nervous System Disorders Age >59 W/O Cat or Sev CC	10	0	10	0.0	1,598	0.8	159.8
B67C Degenerative Nervous System Disorders Age <60 W/O Cat or Sev CC	10	1	10	0.0	594	0.3	59.4
O66A Antenatal & Other Obstetric Admission	6	0	6	0.0	37	0.0	6.2
Other	110	14	110	0.1	7,109	3.6	64.6
Total	15,418	2,884	15,177	7.7	401,300	200.7	26.0

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Crude rate based on Australian population as at 31 December 2003.

Note: Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy.

Table 12.13: Separations for the 30 AR-DRGs version 5.0 with the largest number of separations^(a), public hospitals, states and territories, 2003–04

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	174,311	191,312	94,741	61,604	42,599	12,725	15,624	27,731	620,647
R63Z Chemotherapy	3,284	55,322	27,060	17,348	15,192	2,617	5,244	1,066	127,133
O60B Vaginal Delivery W/O Catastrophic or Severe CC	32,686	23,799	15,801	7,287	6,034	1,690	1,631	1,149	90,077
F74Z Chest Pain	23,954	17,538	11,114	3,461	5,426	1,048	466	746	63,753
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	22,135	14,610	10,315	4,019	5,548	1,133	482	347	58,589
G44C Other Colonoscopy, Sameday	15,989	13,204	7,000	6,394	5,346	585	1,170	410	50,098
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	12,266	14,122	6,457	4,779	5,073	528	896	378	44,499
C16B Lens Procedures, Sameday	14,671	13,603	5,291	4,437	3,869	144	869	353	43,237
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	8,644	10,987	9,116	3,687	5,211	672	280	220	38,817
O66B Antenatal & Other Obstetric Admission, Sameday	11,117	12,133	7,397	1,017	3,955	648	91	692	37,050
Z64B Other Factors Influencing Health Status, Sameday	6,544	13,874	6,705	3,390	3,339	1,142	1,276	218	36,488
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	13,054	10,675	5,883	2,163	2,313	682	393	221	35,384
O01C Caesarean Delivery W/O Catastrophic or Severe CC	11,529	8,485	6,590	2,721	2,400	566	477	471	33,239
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	8,521	11,920	4,154	2,817	3,639	729	1,177	230	33,187
X60C Injuries Age <65	11,075	7,573	8,890	2,447	1,665	368	258	865	33,141
O66A Antenatal & Other Obstetric Admission	11,807	7,105	6,134	3,314	2,502	571	434	836	32,703
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	10,951	7,288	6,799	3,116	2,116	485	442	1,368	32,565
O05Z Abortion W O.R. Procedure	7,536	9,327	3,225	2,093	6,323	430	274	1,139	30,347
E62C Respiratory Infections/Inflammations W/O CC	10,944	6,707	5,155	2,349	2,048	511	472	699	28,885
Z40Z Follow Up W Endoscopy	7,948	7,357	5,497	2,975	4,167	391	402	134	28,871
E69C Bronchitis and Asthma Age <50 W/O CC	10,044	6,439	4,768	2,597	2,866	292	280	303	27,589
U60Z Mental Health Treatment, Sameday, W/O ECT	12,818	6,384	4,295	828	1,615	262	67	97	26,366
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	9,678	4,111	7,015	1,876	1,783	437	418	484	25,802
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	9,826	6,672	4,345	1,926	1,890	591	393	148	25,791
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	9,796	5,624	4,613	1,967	2,052	710	204	445	25,411
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	8,066	6,490	5,295	2,160	2,166	640	260	172	25,249
R61C Lymphoma and Non-Acute Leukaemia, Sameday	5,158	10,713	3,435	2,231	2,162	524	531	38	24,792
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	9,354	5,713	5,496	1,620	1,347	380	397	447	24,754
D63B Otitis Media and URI W/O CC	9,265	4,862	4,839	2,380	2,276	391	294	355	24,662
D40Z Dental Extractions and Restorations	5,360	8,674	5,251	2,488	2,024	371	195	205	24,568
Other	772,912	623,299	392,389	197,243	216,988	46,932	31,901	27,240	2,308,904
Total	1,281,243	1,145,922	695,065	358,734	365,934	79,195	67,298	69,207	4,062,598

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, URI—upper respiratory infection.

Table 12.14: Separations for the 30 AR-DRGs version 5.0 with the largest number of separations^(a), private hospitals, states and territories, 2003-04

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z Chemotherapy	28,725	37,440	41,502	17,605	12,828	n.p.	n.p.	n.p.	144,144
G44C Other Colonoscopy, Sameday	38,766	40,855	35,409	12,790	8,545	n.p.	n.p.	n.p.	139,705
L61Z Admit for Renal Dialysis	21,592	26,793	42,128	26,572	16,533	n.p.	n.p.	n.p.	133,618
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	25,777	34,960	26,051	7,392	6,297	n.p.	n.p.	n.p.	102,819
C16B Lens Procedures, Sameday	34,632	20,179	24,007	7,569	6,440	n.p.	n.p.	n.p.	97,247
D40Z Dental Extractions and Restorations	21,799	21,049	15,055	11,695	6,093	n.p.	n.p.	n.p.	78,749
U60Z Mental Health Treatment, Sameday, W/O ECT	11,079	27,834	14,861	6,696	453	n.p.	n.p.	n.p.	65,394
G46C Complex Gastroscopy, Sameday	23,715	13,856	13,855	5,196	3,254	n.p.	n.p.	n.p.	60,844
I18Z Other Knee Procedures	15,476	14,135	9,006	6,520	7,427	n.p.	n.p.	n.p.	55,549
Z40Z Follow Up W Endoscopy	18,440	14,491	12,609	4,240	3,934	n.p.	n.p.	n.p.	55,157
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	14,593	10,905	11,024	6,249	4,695	n.p.	n.p.	n.p.	50,345
O05Z Abortion W O.R. Procedure	10,413	16,449	14,661	3,845	834	n.p.	n.p.	n.p.	46,809
Z64B Other Factors Influencing Health Status, Sameday	7,895	16,263	10,739	4,685	1,335	n.p.	n.p.	n.p.	42,274
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	12,080	9,948	8,218	3,092	2,522	n.p.	n.p.	n.p.	37,684
O60B Vaginal Delivery W/O Catastrophic or Severe CC	10,107	9,603	6,638	4,293	2,276	n.p.	n.p.	n.p.	35,173
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	10,610	7,385	6,032	2,027	2,196	n.p.	n.p.	n.p.	29,647
E63Z Sleep Apnoea	9,258	7,568	5,689	488	2,343	n.p.	n.p.	n.p.	26,255
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	7,164	4,575	6,407	1,156	3,658	n.p.	n.p.	n.p.	23,796
O01C Caesarean Delivery W/O Catastrophic or Severe CC	6,169	5,472	5,644	3,439	1,636	n.p.	n.p.	n.p.	23,562
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	9,221	4,656	4,521	1,963	1,458	n.p.	n.p.	n.p.	22,734
G09Z Inguinal and Femoral Hernia Procedures Age>0	7,296	5,175	4,752	2,534	1,675	n.p.	n.p.	n.p.	22,684
I16Z Other Shoulder Procedures	5,901	5,525	3,839	3,860	2,427	n.p.	n.p.	n.p.	22,454
I30Z Hand Procedures	6,059	5,171	4,565	2,572	2,319	n.p.	n.p.	n.p.	21,714
L41Z Cystourethroscopy, Sameday	6,803	4,970	3,891	2,621	1,598	n.p.	n.p.	n.p.	21,059
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,409	4,472	6,100	1,879	2,140	n.p.	n.p.	n.p.	20,980
D11Z Tonsillectomy and/or Adenoidectomy	6,852	3,340	4,004	1,964	1,620	n.p.	n.p.	n.p.	18,365
I04Z Knee Replacement and Reattachment	6,075	3,817	3,293	1,958	1,647	n.p.	n.p.	n.p.	17,628
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	5,286	3,862	3,661	1,863	1,404	n.p.	n.p.	n.p.	16,887
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	5,285	4,364	3,228	1,681	1,482	n.p.	n.p.	n.p.	16,764
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	3,733	5,229	4,063	1,598	1,122	n.p.	n.p.	n.p.	16,380
Other	272,509	275,786	267,713	126,381	91,909	n.p.	n.p.	n.p.	1,085,883
Total	668,719	666,127	623,165	286,423	204,100	n.p.	n.p.	n.p.	2,552,303

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, Proc—procedure.

n.p. Not published.

Table 12.15: Average length of stay (days) for the 30 AR-DRGs version 5.0 with the largest number of separations, public hospitals^(a), states and territories, 2003–04

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O60B Vaginal Delivery W/O Catastrophic or Severe CC	3.1	3.0	2.7	3.3	3.2	3.7	3.0	3.4	3.1
F74Z Chest Pain	1.7	1.3	1.6	1.5	1.6	1.7	1.4	2.0	1.6
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	2.0	1.8	1.9	2.2	1.9	2.4	2.1	2.3	1.9
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
C16B Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.4	1.2	1.2	1.2	1.1	1.3	1.2	2.9	1.2
O66B Antenatal & Other Obstetric Admission, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z64B Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	1.6	1.4	1.5	1.7	1.6	1.7	1.5	1.6	1.5
O01C Caesarean Delivery W/O Catastrophic or Severe CC	4.6	4.6	3.9	4.8	4.9	4.7	4.7	5.3	4.5
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.6	1.3	1.5	1.3	1.3	1.8	1.2	1.6	1.4
X60C Injuries Age <65	1.4	1.3	1.3	1.5	1.5	1.7	2.0	2.0	1.4
O66A Antenatal & Other Obstetric Admission	2.5	2.5	2.2	2.3	2.3	2.1	2.5	2.6	2.4
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	4.0	4.7	3.5	3.6	3.5	4.4	4.2	3.8	4.0
O05Z Abortion W O.R. Procedure	1.1	1.0	1.1	1.1	1.0	1.1	1.1	1.1	1.1
E62C Respiratory Infections/Inflamations W/O CC	3.8	3.2	3.3	3.7	3.3	4.2	3.4	3.7	3.5
Z40Z Follow Up W Endoscopy	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.0	1.0
E69C Bronchitis and Asthma Age <50 W/O CC	1.7	1.6	1.6	1.9	1.8	2.0	2.0	2.1	1.7
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	2.4	2.5	2.0	2.6	2.4	3.6	2.1	2.7	2.3
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	2.5	2.3	2.3	1.8	2.2	2.6	1.8	2.8	2.3
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	5.3	4.4	4.8	5.3	5.0	5.8	4.7	4.8	5.0
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	1.4	1.2	1.4	1.3	1.6	1.6	2.0	1.6	1.4
R61C Lymphoma and Non-Acute Leukaemia, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	1.2	1.2	1.1	1.2	1.2	1.4	1.2	1.6	1.2
D63B Otitis Media and URI W/O CC	1.9	1.7	1.6	1.9	1.7	2.0	1.8	2.1	1.8
D40Z Dental Extractions and Restorations	1.1	1.0	1.0	1.1	1.0	1.2	1.3	1.2	1.1
Other	5.1	4.2	4.2	4.7	4.4	5.4	4.9	5.3	4.6
Total	3.7	2.9	3.0	3.2	3.2	3.9	3.0	3.0	3.3

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, URI—upper respiratory tract infection.

Table 12.16: Average length of stay (days) for the 30 AR-DRGs version 5.0 with the largest number of separations, private hospitals^(a), states and territories, 2003–04

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C16B Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
D40Z Dental Extractions and Restorations	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G46C Complex Gastroscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
I18Z Other Knee Procedures	1.2	1.1	1.2	1.3	1.1	n.p.	n.p.	n.p.	1.2
Z40Z Follow Up W Endoscopy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
O05Z Abortion W O.R. Procedure	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z64B Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	1.1	1.1	1.1	1.2	1.2	n.p.	n.p.	n.p.	1.1
O60B Vaginal Delivery W/O Catastrophic or Severe CC	4.5	4.4	4.2	4.9	4.8	n.p.	n.p.	n.p.	4.5
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1.3	1.6	1.7	1.4	1.4	n.p.	n.p.	n.p.	1.5
E63Z Sleep Apnoea	1.0	1.0	1.0	1.2	1.0	n.p.	n.p.	n.p.	1.0
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	1.3	1.4	1.3	1.7	1.2	n.p.	n.p.	n.p.	1.3
O01C Caesarean Delivery W/O Catastrophic or Severe CC	5.7	5.5	5.1	6.5	6.4	n.p.	n.p.	n.p.	5.7
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	1.2	1.5	1.4	1.8	1.6	n.p.	n.p.	n.p.	1.4
G09Z Inguinal and Femoral Hernia Procedures Age>0	1.5	1.5	1.4	1.6	1.8	n.p.	n.p.	n.p.	1.5
I16Z Other Shoulder Procedures	1.6	1.8	1.7	1.7	1.8	n.p.	n.p.	n.p.	1.7
I30Z Hand Procedures	1.1	1.1	1.1	1.3	1.1	n.p.	n.p.	n.p.	1.1
L41Z Cystourethroscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	1.2	1.3	1.1	1.4	1.2	n.p.	n.p.	n.p.	1.2
D11Z Tonsillectomy and/or Adenoidectomy	1.1	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.1
I04Z Knee Replacement and Reattachment	7.7	8.3	8.4	10.5	7.4	n.p.	n.p.	n.p.	8.3
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1.9	2.1	1.9	2.1	2.1	n.p.	n.p.	n.p.	2.0
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.4	1.6	1.5	1.5	1.5	n.p.	n.p.	n.p.	1.5
Other	3.9	4.1	4.3	4.1	4.2	n.p.	n.p.	n.p.	4.1
Total	2.4	2.5	2.6	2.6	2.6	n.p.	n.p.	n.p.	2.5

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, O.R.—operating room, ECT—electroconvulsive therapy, Proc—procedure.

n.p. Not published.

Table 12.17: Separations for males for the 30 AR-DRGs version 5.0 with the largest number of separations, by age group, all hospitals^(a), Australia, 2003–04

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	0	48	76	7,339	23,430	43,719	68,380	88,557	110,593	93,156	7,292	442,590
R63Z Chemotherapy	44	1,133	1,581	2,451	2,747	6,265	17,274	33,880	39,100	20,645	1,798	126,918
G44C Other Colonoscopy, Sameday	8	41	165	1,779	5,021	10,543	18,121	23,667	19,895	10,982	1,146	91,368
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	98	512	1,255	3,245	6,608	10,256	12,656	12,935	10,423	6,830	1,056	65,874
C16B Lens Procedures, Sameday	4	15	43	71	194	708	2,668	7,525	17,861	25,104	4,774	58,967
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	156	661	1,860	2,104	3,029	4,744	6,771	8,469	7,774	7,891	2,107	45,566
Z40Z Follow Up W Endoscopy	11	32	61	273	811	2,946	6,591	10,933	12,672	9,732	1,434	45,496
D40Z Dental Extractions and Restorations	5	4,865	8,310	15,493	7,394	3,508	2,221	1,417	739	498	108	44,558
I18Z Other Knee Procedures	0	5	430	4,409	6,190	8,876	9,771	7,865	3,531	1,236	106	42,419
F74Z Chest Pain	1	3	151	765	2,558	6,128	8,361	8,318	6,517	4,737	1,199	38,738
Z64B Other Factors Influencing Health Status, Sameday	370	959	1,265	779	1,360	3,799	7,443	9,532	7,528	3,160	226	36,421
U60Z Mental Health Treatment, Sameday, W/O ECT	1,534	359	3,473	4,110	4,718	5,550	5,932	5,926	1,077	2,077	498	35,254
G09Z Inguinal and Femoral Hernia Procedures Age>0	0	1,007	1,066	1,654	2,857	4,218	5,979	7,367	6,179	4,093	664	35,084
G46C Complex Gastroscopy, Sameday	11	56	229	978	2,258	4,346	7,229	8,841	6,790	3,850	457	35,045
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,552	3,335	4,036	3,887	3,487	3,510	3,524	3,846	1,373	28,550
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1	7	10	186	371	1,617	4,630	8,204	8,144	4,816	371	28,357
I30Z Hand Procedures	56	404	1,072	6,027	5,058	3,813	3,583	3,566	2,365	1,254	112	27,310
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	185	60	118	857	2,854	5,091	5,860	4,740	2,461	1,043	130	23,399
L41Z Cystourethroscopy, Sameday	124	189	255	515	1,096	2,133	3,511	4,773	5,054	4,488	930	23,069
X60C Injuries Age <65	66	1,358	2,912	5,381	4,762	3,884	2,741	1,881	0	0	0	22,985
E63Z Sleep Apnoea	50	302	291	310	1,413	3,628	6,114	6,006	3,008	1,586	100	22,808
R61C Lymphoma and Non-Acute Leukaemia, Sameday	2	32	111	248	385	1,026	2,861	4,983	5,616	6,056	1,458	22,778
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	74	328	699	952	1,631	1,897	2,412	3,471	4,384	4,870	1,653	22,371
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	257	1,129	1,435	2,967	3,315	3,130	3,068	2,522	1,867	1,642	636	21,968
L64Z Urinary Stones and Obstruction	18	24	66	491	2,016	3,815	5,011	4,440	2,582	1,113	177	19,753
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	8	42	179	615	671	1,025	1,979	3,346	3,974	5,284	1,808	18,931
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	27	20	75	265	585	1,232	2,523	4,187	4,658	3,956	860	18,388
E62C Respiratory Infections/Inflammations W/O CC	802	3,571	1,661	895	1,319	1,577	1,411	1,717	1,917	2,209	1,055	18,134
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	6	978	8,456	3,229	1,751	1,235	868	552	266	0	0	17,341
I16Z Other Shoulder Procedures	0	3	24	1,964	1,764	2,443	3,724	4,179	2,075	699	36	16,911
Other	78,676	83,649	91,548	108,899	124,856	148,922	173,117	219,609	246,590	245,336	76,194	1,597,396
Total	82,594	101,792	130,429	182,586	227,058	305,961	406,297	516,918	549,164	482,189	109,758	3,094,747

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, ECT—electroconvulsive therapy, Proc—procedure.

Table 12.18: Separations for females for the 30 AR-DRGs version 5.0 with the largest number of separations, by age group, all hospitals^(a), Australia, 2003–04

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	1	1	354	5,537	13,894	24,409	49,406	65,646	89,720	58,808	3,899	311,675
R63Z Chemotherapy	40	871	1,280	1,350	3,649	15,254	33,648	40,034	31,594	14,991	1,648	144,359
O60B Vaginal Delivery W/O Catastrophic or Severe CC	0	0	43	26,069	77,792	21,252	94	0	0	0	0	125,250
G44C Other Colonoscopy, Sameday	5	22	127	2,899	6,554	12,019	20,201	24,109	19,588	11,557	1,354	98,435
C16B Lens Procedures, Sameday	1	30	25	52	128	550	2,348	8,264	24,490	37,086	8,541	81,515
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	80	447	1,150	4,760	7,207	11,714	16,313	16,673	12,697	8,681	1,722	81,444
O05Z Abortion W O.R. Procedure	0	0	220	25,611	33,435	17,336	553	1	0	0	0	77,156
D40Z Dental Extractions and Restorations	1	4,067	8,557	25,369	10,234	4,471	2,917	1,580	735	610	214	58,755
O01C Caesarean Delivery W/O Catastrophic or Severe CC	0	0	10	7,115	35,531	14,033	111	1	0	0	0	56,801
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	2	3	151	4,063	17,517	21,279	8,641	3,152	1,262	487	69	56,626
U60Z Mental Health Treatment, Sameday, W/O ECT	1,218	231	1,420	9,240	10,095	12,760	11,419	7,417	1,615	956	135	56,506
G46C Complex Gastroscopy, Sameday	4	40	192	1,921	3,263	5,856	9,415	10,487	7,826	4,448	597	44,049
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	160	737	2,147	2,789	3,927	6,144	7,653	7,058	5,531	5,325	2,123	43,594
Z64B Other Factors Influencing Health Status, Sameday	301	793	856	1,224	3,238	5,931	10,133	10,543	6,552	2,513	257	42,341
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,367	4,733	5,502	4,616	4,874	5,122	5,164	6,325	3,206	40,909
O66A Antenatal & Other Obstetric Admission	0	0	44	11,407	22,820	6,202	51	0	0	0	0	40,524
O66B Antenatal & Other Obstetric Admission, Sameday	0	0	40	10,734	22,823	6,501	65	0	0	0	0	40,163
Z40Z Follow Up W Endoscopy	4	20	51	706	1,741	3,482	7,018	9,294	9,043	6,223	949	38,531
F74Z Chest Pain	0	4	115	798	1,899	4,240	7,323	7,397	6,431	6,130	2,355	36,692
N09Z Conisation, Vagina, Cervix and Vulva Procedures	15	108	223	7,209	10,639	7,794	5,562	2,716	1,292	667	174	36,399
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	2	13	697	3,614	8,813	12,782	5,177	2,220	939	142	34,399
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	0	0	13	8,475	19,223	4,537	14	0	0	0	0	32,262
I18Z Other Knee Procedures	1	7	398	1,999	2,475	4,164	6,848	7,114	4,378	2,004	193	29,581
N08Z Endoscopic Procedures for Female Reproductive System	0	0	92	3,866	11,228	10,838	2,406	458	154	60	12	29,114
N04Z Hysterectomy for Non-Malignancy	0	1	1	30	1,871	9,338	10,857	3,375	1,948	970	107	28,498
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	88	224	572	1,134	2,029	3,188	4,242	3,226	4,509	5,636	2,348	27,196
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	0	1	69	1,981	4,596	5,315	5,300	4,633	2,621	1,357	174	26,047
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	90	216	2,475	4,995	4,733	3,911	3,172	2,192	1,672	1,584	654	25,694
O61Z Postpartum and Post Abortion W/O O.R. Procedure	1	0	14	4,243	13,404	4,454	48	0	0	0	0	22,164
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr Other	2	4	11	150	244	878	2,768	4,785	5,353	3,803	285	18,283
Total	60,096	71,659	96,428	303,338	533,077	449,031	450,581	467,178	469,940	452,080	166,672	3,520,081

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, Proc—procedure.

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Appendix 3: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2003–04 definitions in the *National Health Data Dictionary* version 12.0 (NHDC 2003) (summarised in the Glossary).

Data presented by state or territory refer to the state or territory of the hospital, not to the state or territory of the usual residence of the patient. The exceptions are Tables 4.5 and 4.8, 8.11 and 9.20, which are based on data on the state or territory of usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in Tables 7.7, 7.8 and 7.9.

Data presentation

Except as noted, where totals are provided in the tables, they include data only for those states and territories for which data were available, as indicated in the tables. The exceptions relate to tables in which data for some jurisdictions were not published, for confidentiality reasons (private hospitals), or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful. Data on the length of stay have been suppressed if there were fewer than 10 separations in the category being presented. Information was suppressed if there were fewer than 50 private hospital separations reported for the selected characteristic and fewer than three reporting units (hospitals, or states or territories where the hospitals were not individually identified), or there were three reporting units and one contributed more than 85% of the total separations, or two contributed more than 90%. Data on elective surgery waiting times were suppressed if there were fewer than 10 elective surgery admissions in the category being presented. The abbreviation 'n.p.' has been used in these tables to denote these suppressions.

Throughout the publication, percentages may not add up to 100.0 due to rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Population rates

Population rates presented in Chapters 2, 4, 7 and 8 are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 31 December 2003 were used for the observed rates (Table A3.1 accompanying this report on the Internet). The exceptions were Tables 4.6, 4.7, 4.9, 4.10, 8.10, 8.12, 8.13, 9.21, 9.22 and 9.23, and Figures 9, 10 and 8.1, for which the 30 June 2003 population estimates (by Indigenous status, selected countries or regions of birth, Remoteness Areas and quintile of socioeconomic advantage/disadvantage, as appropriate) were used for the observed rates (Tables A3.2, A3.3 and A3.4 accompanying

this report on the Internet). Crude population rates in Chapters 2, 3, 6, 9, 10 and 12 were calculated using the population estimates for 31 December 2003.

Standardised separation rate ratios

For some tables reporting comparative separation rates (Tables 4.5 to 4.10, 8.11 to 8.13 and 9.20 to 9.23), standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison population (the expected rate). In these tables a 95% confidence interval for the SRR has also been presented. The calculations are as follows:

Standardised separation rate ratio = observed rate/expected rate

Standard error (SRR) = $\sqrt{\text{observed rate/expected rate}}$

95% confidence interval (SRR) = SRR \pm 1.96 \times Standard error (SRR)

A confidence interval for the separation rate can be obtained by multiplying the upper and lower 95% confidence levels for the SRR by the crude rate for the population.

Thus a standardised separation ratio of 1 indicates that the population of interest (for example, Indigenous peoples) had a separation rate similar to that of the comparison group (for example, other Australians). An SRR of 1.2 indicates that the population of interest had a rate that was 20% greater than that of the comparison population and an SRR of 0.8 indicates a rate 20% smaller. If the 95% confidence interval of the SRR contains 1, the rate for the population of interest is not significantly different (at the 95% confidence level) from that of the comparison population. Similarly, if the 95% confidence interval does not contain 1, then there is a significant difference (at the 95% confidence level).

Newborn episodes of care

The *Newborn* care type was introduced in 1998–99 for the hospital morbidity data to report a single episode of care for all patients aged 9 days or less at admission, regardless of their qualification status and whether they changed qualification status during their hospital stay. Thus these episodes can include qualified days only, a mixture of qualified days and unqualified days, or only unqualified days. Qualified days are considered to be the equivalent of acute care days and *Newborn* episodes with qualified days only are considered to be equivalent to *Acute care* episodes. In this report, *Newborn* episodes with at least one qualified day have been included in all the tables reporting separations. Records for *Newborn* episodes with no qualified days do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in Chapter 7. The number of patient days reported in this publication for *Newborn* episodes is equal to the number of qualified days, so for newborns with a mixture of qualified and unqualified days the number of patient days reported is less than the actual length of stay for the episode.

Tasmanian and Northern Territory hospitals and private hospitals in South Australia did not report any *Newborn* episodes with a mixture of qualified and unqualified days (Table 7.10), while private hospitals in Victoria did not report most *Newborn* episodes with no qualified days. For Tasmania, where a newborn's qualification status was considered qualified at any point during their episode of care, the entire episode was reported as qualified days. As a consequence of the reporting method used, the number of *Newborns* with qualified days only

will include those that may have had an unqualified component in their stay. For this reason the average length of stay for *Newborns* with qualified days only in Tasmanian public hospitals is not directly comparable to that in other states.

Information on reporting practices for *Newborn* episodes prior to 2003–04 is available in previous *Australian Hospital Statistics* publications (AIHW 2002, 2003, 2004a).

Hospital boarders and posthumous organ procurement

For some states and territories, the data provided to the National Hospital Morbidity Database included records for *Hospital boarders* and for *Posthumous organ procurement* activity (see Glossary). These records were provided on an optional basis as they do not represent admitted patient care.

The records for *Hospital boarders* were excluded from this report. There were 32,758 records for *Hospital boarders* reported to the National Hospital Morbidity Database in 2003–04, mainly from Western Australia, Queensland and the Northern Territory.

Similarly, records for *Posthumous organ procurement* activity were excluded from this report. There were 61 records of *Posthumous organ procurement* reported to the National Hospital Morbidity Database in 2003–04. Most of these records were from Queensland and Western Australia, with small numbers from the Northern Territory and Tasmania. The numbers of records for *Posthumous organ procurement* were similar to the figures reported to the Australia and New Zealand Organ Donation Registry for organ donation in those states/territories during the year ending December 2003 (<http://www.anzdata.org.au/>).

ICD-10-AM coded data

Diagnosis, procedure and external cause data for 2003–04 were reported to the National Hospital Morbidity Database by most states and territories using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002). For South Australia these data were reported to the National Hospital Morbidity Database using the fourth edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2004).

Data mapping for South Australia

South Australia mapped the data collected using the third edition of ICD-10-AM forward to codes of the fourth edition of ICD-10-AM (NCCH 2004) before providing them to the AIHW. This mapping was undertaken by selecting the most clinically appropriate code in fourth edition ICD-10-AM based on the description of the code in the third edition of ICD-10-AM.

Where mapped codes could be identified (because they were invalid as third edition codes), the AIHW mapped the South Australian data backward to the third edition codes so that national data could be presented in a single classification in this report. The mapped data are not completely equivalent to unmapped data, so this means that the data should be interpreted with these mappings in mind. In this report, 'mapping' refers to the process of

finding an 'equivalent' code between two classifications to enable national data to be presented in a single classification.

The AIHW undertook the mapping using the standard backward maps in the version 4.2 AR-DRG grouper. All diagnosis code maps were many-to-one maps, meaning that several more specific diagnosis codes in the fourth edition ICD-10-AM could be mapped to one diagnosis code in the third edition ICD-10-AM. Procedure code maps were mainly one-to-one maps. There was one many-to-one map, where several fourth edition procedure codes were mapped to one third edition procedure code.

State-specific coding standards

The Australian Coding Standards were developed for use in both public and private hospitals with the basic objective of satisfying sound coding convention according to ICD-10-AM. While all states and territories instruct their coders to follow the Australian Coding Standards, some jurisdictions also apply state-specific coding standards to deal with state-specific reporting requirements. These standards may be in addition to or instead of the relevant Australian Coding Standard, and may affect the comparability of ICD-10-AM coded data.

For example, there are variations in coding standards between jurisdictions with regard to the requirement for the reporting of external cause codes and place of occurrence codes. The Australian Coding Standard requires a place of occurrence code to be reported if an external cause code in the range V00–Y89 has been reported, and requires an activity when injured code to be recorded if the external cause code is in the range V00–Y34. The Western Australian coding standard requires the mandatory recording of a place of occurrence and activity when injured code for all records with a diagnosis code in the range S00–T98, regardless of the external cause code reported and the Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured if the care type is *Rehabilitation*.

Quality of ICD-10-AM coded data

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded, and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis. The following information has, however, been provided by the states and territories to provide some insight into the quality of the coded data in the National Hospital Morbidity Database.

No statewide audit was performed on New South Wales data in 2003–04. Hospitals perform formal audits on ICD-10-AM coded data at a local level. Data edits are monitored regularly and consistent errors are identified and rectified by individual hospitals.

No statewide external audit of 2003–04 data was conducted in Victoria. The results of the previous statewide external audit of 2000–01 data indicated that coded data were of high quality and showed continued improvement over the 3 years of this audit.

Coding quality checks are conducted regularly by source hospitals in Queensland, and ICD-10-AM validations are automatically conducted as part of the general processing of morbidity data. In February 2004 the Clinical Classification Management Project was endorsed with a goal of improving the quality of coded morbidity data within Queensland

Health. The 2-year project commenced in August 2004 with the appointment of two clinical classification auditors/educators. The aim of the project is to increase the quality of clinical coded data and to further standardise coding practice.

For the year 2003–04 the Western Australian Department of Health performed audits on random samples of general records from teaching, non-teaching and rural hospitals as well as targeted samples of cases with high risk of error (based on previously compiled error profiles). The audits aimed to assess the accuracy of ICD-10-AM coding and to check compliance with other recording requirements. The codes sent to the Western Australian Department of Health were also checked using the NCCH's Performance Indicators for Coding Quality (PICQ) software and in-house routines. These checks led to an improvement in the coded information.

In 2003–04, South Australia continued its coding data quality program, which is overseen by the South Australia Coding Committee in conjunction with individual coding managers and regional health information management advisory services. Following the external audit findings conducted on 2001–02 data, there has been a significant review of all site-specific coding standards and work processes to ensure compliance with national standards and promotion of consistency in interpretation of conventions between sites.

In Tasmania, hospitals continue to conduct coding quality improvement activities utilising the Australian Coding Benchmark Audit tool and PICQ. Validation of ICD-10-AM data also occurs routinely as the data are processed from the hospitals. A State-wide Recoding Study Working Group was formed to implement recommendations from a previous state-wide recoding study.

The quality of coding in the Australian Capital Territory remains within nationally accepted standards. Over the last 12 months, the Australian Capital Territory has introduced PICQ in the public hospital as a tool in improving the overall coding quality of medical records and completed a coding audit.

The Northern Territory Coders' Forum continued monthly mini-audits throughout the year. These audits involved each hospital coder coding the same specific case, with the answers being reviewed by forum members. In addition to the mini-audits, the hospitals regularly run reports on Error AR-DRGs and review the results of these reports by a manual audit of these medical records. This sometimes results in a change of AR-DRG or a change in the coding of a particular episode of care. The Northern Territory also introduced the NCCH PICQ electronic tool during 2004. The Northern Territory has only reviewed the fatal indicators at present but the tool has been run across all Northern Territory public hospital data for the 2002–03 and 2003–04 morbidity data collection. The 2003–04 data was circulated to all hospitals to provide them with the opportunity to correct and revise their coding errors. This has also led to an emphasis on data quality, coding conventions and the Australian Coding Standards. Northern Territory public hospitals have the ability to run PICQ at their own facility for their own coding quality reviews.

ICD-10-AM codes used for selected analyses

A number of tables in this report use ICD-10-AM codes to define diagnoses and procedures. The codes are presented in Table A3.5 (accompanying this report on the Internet) and relate to:

- Figures 13, 14, 15 and 16 in the 'Hospitals at a glance' section
- Tables 4.5, 4.6 and 4.7, which present statistics on selected procedures

- Tables 4.8, 4.9 and 4.10, which present statistics on selected potentially preventable hospitalisations
- Table 4.14 which presents statistics indicating adverse events associated with hospitalisations
- Tables 9.20, 9.21 and 9.22, which present statistics on renal failure hospitalisations.

Data on geographical location

Data on geographical location are collected on hospitals in the National Public Hospital Establishments Database and on the area of usual residence of patients in the National Hospital Morbidity Database. These data have been provided as state or territory and Statistical Local Area (SLA--a small unit within the Australian Bureau of Statistics' Australian Standard Geographic Classification; ASGC) and/or postcode, and have been aggregated to Remoteness Areas.

The ASGC's remoteness structure categorises geographical areas into Remoteness Areas, described in detail on the Australian Bureau of Statistics' Internet site at <http://www.abs.gov.au/>.

The classification is as follows:

- major cities of Australia
- inner regional
- outer regional
- remote
- very remote.

Geographical location of hospital

The Remoteness Area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of their SLA, postcode or other location information as detailed in *Australian Hospital Statistics 2002-03* (AIHW 2004a).

Data on the Remoteness Area of hospitals are presented in Chapter 3 (Table 3.2) and Chapter 5 (Table 5.2).

Geographical location of usual residence

Data on the Remoteness Area of usual residence of admitted patients are presented in Figure 10 in the 'Hospitals at a glance' section and in Tables 4.6, 4.9, 8.12 and 9.21. Data on the state or territory of usual residence are reported in Chapter 4 (Tables 4.5 and 4.8), Chapter 7 (Tables 7.7, 7.8 and 7.9) and Chapter 9 (Table 9.20).

The data used for these tables were derived from data supplied by the states and territories for the National Hospital Morbidity Database on the area of usual residence of the patients. The *National Health Data Dictionary* specifies that these data should be provided as the state or territory and the SLA of usual residence. Although most separations included data on the state or territory of usual residence, not all states and territories were able to provide information on the area of usual residence in the form of an SLA code. New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory were able to

provide SLA codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction. Western Australia provided postcodes both for patients usually resident in the jurisdiction and for patients usually resident elsewhere.

The AIHW mapped the supplied area of residence data for each separation to 2003 SLA codes and to Remoteness Area categories. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by postcode, Remoteness Areas and SLAs (2003 and previous years). The mapping process identified missing, invalid and superseded codes, but resulted in 99.4% of records being assigned 2003 SLA codes, and 0.3% of records had a usual residence of *Overseas/Not elsewhere classified* or *Not reported*. Due to the probabilistic nature of this mapping, the SLA and Remoteness Area data for individual separations may not be accurate; however, the overall distribution of separations by geographical areas is considered useful.

Socioeconomic advantage/disadvantage

The Socio-Economic Indexes For Areas 2001 (termed SEIFA 2001 (ABS 2004b)) are generated by the ABS using a combination of 2001 Census data such as income, education, skill level of occupation/unemployment, wealth and living conditions, dwellings without motor vehicles, rent paid, mortgage repayments, and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based on the Census Collection Districts. However, they are also compiled for higher levels of aggregation including Statistical Local Area. The SEIFAs are described in detail on the Australian Bureau of Statistics' Internet site at <http://www.abs.gov.au/>.

The SEIFA Index of Advantage/Disadvantage was generated by the ABS using a combination of Census data, including variables measuring both advantage and disadvantage. A higher score on the index indicates that an area has attributes that measure advantage, such as a relatively high proportion of people with high incomes or a skilled workforce. It also means an area has a low proportion of people with variables that measure disadvantage, such as low incomes, and relatively few unskilled people in the workforce. Conversely, a low score on the index indicates that an area has a high proportion of individuals with variables that measure disadvantage, such as low incomes, more employees in unskilled occupations; and a low proportion of people with variables that measure advantage, such as high incomes or in skilled occupations. Hence, the index offsets any disadvantage in an area with advantage.

Separation rates by quintile of advantage/disadvantage were generated by the AIHW by using the SEIFA scores for this index for the SLA of usual residence of the patient reported for each separation. The most disadvantaged quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the most advantaged quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage.

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation (Tables 4.1 and 4.2) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each

admitted patient, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. A synopsis of the methods used in this analysis is presented below, and more detail is available in *Australian Hospital Statistics 2000–01* (AIHW 2002).

Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where:

- Recurrent expenditure is as defined by the recurrent expenditure data elements in the *National Health Data Dictionary* (with depreciation excluded)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that related to admitted patients
- Total separations excludes *Newborns* with no qualified days and records that do not relate to admitted patients (*Hospital boarders* and *Posthumous organ procurement*)
- Average cost weight is a single number representing the relative expected resource use for the separations.

Recurrent expenditure

For the medical labour cost category, data are available only for public patients, as private patients are charged directly by their doctor for medical services, and these charges are not included in the recurrent expenditure figures. The proportion of patients other than public patients can vary, therefore medical costs for these patients are estimated, and the expenditure increased to resemble what it would be if all patients had been public patients. The estimation is based on the salary/sessional and VMO expenditure per patient day for public patients, applied to all patients.

Admitted patient cost proportion

To determine the costs associated with admitted patients, an admitted patient cost proportion (or inpatient fraction, IFRAC) is used. The IFRAC was provided to the AIHW for most hospitals by the states and territories and is the proportion of total hospital expenditure that related to the provision of care for admitted patients. For a few small hospitals where the IFRAC was not available, the admitted patient costs were estimated using the Health and Allied Services Advisory Council (HASAC) ratio.

Total separations

The formula used to calculate the cost per casemix-adjusted separation includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise 97% of the total for the hospitals included in the analysis (Table A3.5), as cost weights are available for them. However, the 3% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This method may affect the estimates of cost-weighted separations (see below) for each state and territory, depending on the proportion of non-acute separations for the state or territory. The non-

acute admitted patients (including rehabilitation care patients) generally have higher costs per separation than acute care patients because, although their daily costs are lower, these patients typically have longer lengths of stay. (See below for examples relating to hospitals in some states.)

Comparisons between the states and territories should therefore take into consideration the uncertainty introduced by these episodes for which the cost weights were unavailable. There is variation in the number and length of stay for the non-acute care separations between jurisdictions (Table A3.5).

To refine the method to remove this anomaly would require estimates of expenditure for acute care for admitted patients (acute care IFRACs). For 2003–04, such estimates were available for some jurisdictions, as presented below.

There is also some variation between states and territories in the ways in which periods of hospitalisation are split into episodes of care (for example, *Newborn* care). In states or territories where there is a clear delineation in funding arrangements between acute and non-acute services, splitting episodes into acute and other components may be different from where there is no such funding delineation.

Average cost weights

Hospital morbidity data provided to the National Hospital Morbidity Database were used to estimate average cost weights for the hospitals reported in this analysis. The 2002–03 version 4.2 cost weights were applied to 2003–04 version 4.2 AR-DRGs as the National Hospital Cost Data Collection 2003–04 weights were not available at the time of publication.

As noted above, because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis has applied these cost weights to all separations.

The average cost weight for a hospital or group of hospitals (Table 4.2, for example) is calculated as the number of casemix-adjusted separations divided by the number of separations. It represents in a single number the overall relative expected use of resources by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (by design equal to 1.00).

The average cost weight for a group of hospitals is multiplied by the total number of separations for that group to produce the number of casemix-adjusted separations (the denominator). The term ‘cost per casemix-adjusted separation’ derives from this use of the number of separations adjusted by relative costliness.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction’s psychiatric care services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed into acute hospital services and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric care because the relevant AR-DRGs are less homogeneous than for other acute care.

Cost per acute care and non-psychiatric acute care casemix-adjusted separation

Because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. Thus, the

methodology would be refined if cost weights became available for other care types, or if the analysis were to be restricted to acute care activity and expenditure. As AR-DRG cost weights are likely to be less useful as measures of resource requirements for psychiatric acute care than for other acute care, a further refinement would be to restrict the analysis to non-psychiatric acute care activity and expenditure.

Restriction to acute care activity requires estimates to be made by the states and territories of expenditure on acute care admitted patients (supplied as acute care IFRACs), and for separations relating to non-acute care patients to be excluded from the analysis. Restriction to non-psychiatric acute care activity requires estimates to be made by the states and territories of expenditure on non-psychiatric acute care admitted patients (supplied as non-psychiatric acute care IFRACs), and of expenditure for separations relating to non-acute care patients and to psychiatric acute care patients to be excluded from the analysis. Psychiatric acute care activity is excluded from the hospital morbidity data by excluding separations if one or more psychiatric care days were reported for the separation (indicating that care was provided in a specialised psychiatric unit).

This methodology is still under development.

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory provided estimates of expenditure on acute care admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A3.6). Separations were included only if their care type was *Acute*, *Newborn* with at least one qualified day or for which the care type was *Not reported*.

For Victoria and South Australia, the reported acute care and non-psychiatric acute care IFRACs were the same as the IFRACs for all care types for some hospitals that had reported non-acute admitted patient care activity. Those hospitals were excluded from the analysis if they reported more than 1,000 patient days for non-acute separations. For Victoria, 13 hospitals were excluded from the analysis (representing 27% of separations): four *Principal referral hospitals*, one *Specialist women's and children's hospital*, one *Large hospital*, four *Medium hospitals* and two *Small rural acute hospitals*. For South Australia, there were two hospitals excluded (19% of separations): one *Principal referral hospital* and one *Large hospital*.

For New South Wales and Western Australia and Victoria, acute care IFRACs were reported for several hospitals that gave an estimated cost per day of over \$1,000, which was considered an unreasonably high estimate for non-acute care types. Five hospitals with over 1,000 patient days estimated to cost more than \$1,000,000 in total were omitted from the New South Wales data (representing 12% of separations): three *Principal referral hospitals* and two *Medium hospitals*. For Western Australia, there were 2 hospitals excluded (0.3% of separations): two *Medium hospitals*. For Victoria, there was 1 *Medium hospital* excluded.

The estimated cost per acute care casemix-adjusted separation for the hospitals included was \$3,262 in New South Wales, \$3,280 in Victoria, \$3,334 in Western Australia, \$3,152 in South Australia, \$2,958 in Tasmania and \$3,278 in the Northern Territory. The cost per casemix-adjusted separation for all separations in these hospitals was \$3,395, \$3,443, \$3,415, \$3,145, \$3,333 and \$3,377 respectively (Table A3.6), so the effect of restricting the analysis to acute care admitted patients was to decrease the estimated cost by 3.9% in New South Wales, 4.7% in Victoria, 2.4% in Western Australia, 11.3% in Tasmania and 2.9% in the Northern Territory, with South Australia increasing by 0.2%.

The estimated cost per acute non-psychiatric casemix-adjusted separation for the selected hospitals was \$3,228 in New South Wales, \$3,293 in Victoria, \$3,338 in Western Australia and \$3,132 in the Northern Territory (the three small remote hospitals in the Northern Territory were omitted from this analysis due to data problems). The effect of restricting the analysis

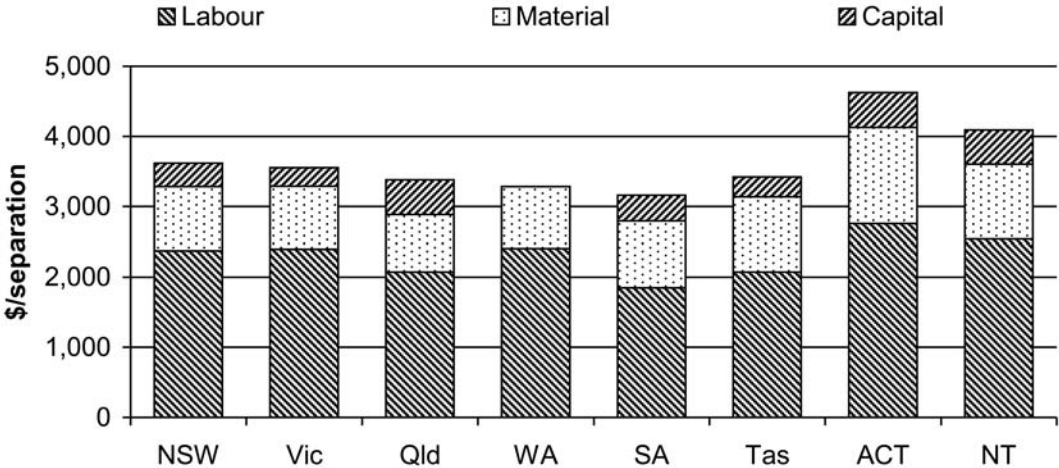
to acute non-psychiatric admitted patients was to decrease the estimated cost by 4.9% in New South Wales, 4.4% in Victoria, 2.3% in Western Australia and 6.9% in the Northern Territory.

These analyses would be further improved if all jurisdictions increased their capacity to separate costs for psychiatric services, other acute services, sub-acute services (e.g. rehabilitation) and non-acute services.

Total cost per casemix-adjusted separation

The cost per casemix-adjusted separation analysis includes only recurrent expenditure, and does not include capital expenditure of any type. There are concerns about the quality and comparability of available capital expenditure data, and they are not provided to the AIHW by all states and territories. The concerns about the comparability of the data include variation among the jurisdictions in the type of expenditure that is defined as recurrent and capital, respectively.

The Steering Committee for the Review of Government Service Provision (SCRGSP) reported total costs per casemix-adjusted separation by state and territory for 2002–03 (SCRGSP 2005). It was defined as the recurrent cost per casemix-adjusted separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix-adjusted separation.



- (a) 'Labour' includes medical and non-medical labour costs. 'Material' includes other non-labour recurrent costs.
- (b) 'Capital cost' includes the user cost of capital plus depreciation associated with the delivery of admitted patient services in the public hospitals described in the data for recurrent cost per casemix-adjusted separation. 'Capital cost' excludes land and the user cost of capital associated with land (reported in table 9A.26).
- (c) Variation across jurisdictions in the collection of capital related data suggests the data are only indicative. Capital cost per casemix-adjusted separation data are not available for WA.

Source: SCRGSP 2005

Figure A3.1 Total cost per casemix-adjusted separation, public hospitals, 2002–03^{(a)(b)(c)}

The SCRGSP (SCRGSP 2005) notes that 'depreciation is defined as the cost of consuming an asset's services, and is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital and is equivalent to the return forgone from not using the funds to deliver other government services or to retire debt.

Interest payments represent a user cost of capital and so should be excluded from recurrent expenditure where user costs of capital are calculated separately and added to recurrent costs. Interest expenses were deducted directly from capital costs in all jurisdictions to avoid double counting.'

The total cost per casemix adjusted separation by jurisdiction (including capital costs), as published by SCRGSP for 2002–03, is presented in Figure A3.1. The data exclude the user cost of capital associated with land. Excluding the users cost of capital for land, the total cost per casemix-adjusted separation ranged from \$4,626 in the Australian Capital Territory to \$3,158 in South Australia (SCRGSP 2005).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the *Report on Government Services 2004* (SCRGSP 2005).

Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Tables 2.3, 2.4, 4.1, 4.2, 4.12, 4.13, 12.1 and 12.2. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures) standardised for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected.

The standardisation for casemix (based on the AR-DRG version 4.2 and age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status.

The method used is to standardise on the basis of the AR-DRG and age (as a cubic regression). Acute care separations only are included. Excluded from the analysis are:

- AR-DRGs which are overwhelmingly same day: R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*
- AR-DRGs with a length of stay component in the definition
- 'rehabilitation' AR-DRGs
- error AR-DRGs 960Z, 961Z, 962Z and 963Z
- separations for patients who died or were transferred within 2 days of admission
- separations with length of stay greater than 120 days.

These inclusions and exclusions are further detailed in Appendix 4 of *Australian Hospital Statistics 2000–01* (AIHW 2002).

Standardisation methods

Two methods are used for standardisation of the length of stay data, and are analogous to direct and indirect age-standardisation methods. The method used generally in this report is analogous to indirect standardisation where the national rates (ALOS) for each AR-DRG (version 4.2) are applied to the relevant population of interest (number of separations for each AR-DRG in the hospital group) to derive the expected number of patient days. Indirect standardisation methods are generally used when rate information for the population of

interest (ALOS for each AR-DRG in this analysis) is unknown or subject to fluctuation due to small population sizes. This method provides a measure of efficiency for a hospital, or group of hospitals, based on their actual activity. However, an indirectly standardised rate compares a group with a 'standard population rate' so, using this method, rates for different groups are not strictly comparable because each group has a different casemix to which the national ALOS data have been applied. Hence, technically, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

The second method is analogous to direct standardisation where the rate (ALOS) of each AR-DRG for the group of interest is multiplied by the national population (total number of separations in each AR-DRG) to derive the expected number of patient days. This method provides a measure of efficiency for a hospital, or group of hospitals, and is suitable if all or most AR-DRGs are represented in hospital group. Direct standardisation methods are generally used where the populations and their characteristics are stable and reasonably similar, for example for total separations for New South Wales and Victoria.

Groups can be compared using directly standardised rates as the activity of each group is weighted using the same set of weights, namely the national casemix. However, the ALOS data for AR-DRGs which are not represented in a group need to be estimated. The method used in this report uses an assumption that the missing AR-DRGs for the hospital group had a relative length of stay that was the same as that for the reported AR-DRGs for the hospital group, weighted by the national distribution of the reported AR-DRGs in the group. Another weakness of direct standardisation is that this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group. This weakness can be particularly problematic if the low-volume AR-DRGs are atypical.

The indirectly standardised method has been mainly used in this report because of the weaknesses of the directly standardised method. However, the directly standardised methodology has been used (in addition to the indirect standardisation) in Table 2.3 as a time series and in Table 4.13 by state and territory. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented. Data for the directly standardised method in the public sector in the Northern Territory are suppressed in Table 4.13, due to problems with using the direct standardisation for hospital groups that reported a limited range of AR-DRGs. For public hospitals in the Northern Territory, fewer than 600 of the 639 DRGs used in the national RSI analysis are represented so results are likely to have been affected by estimation of the missing ALOS data.

Table A3.8 shows the number of AR-DRGs represented in each cell in Table 4.13, so that the number of AR-DRGs for which ALOS was estimated can be derived. For those jurisdictions and sectors for which RSI statistics are presented in Table 4.13, there were between 602 and 639 AR-DRGs represented, meaning that ALOS data was estimated for up to 37 AR-DRGs.

AR-DRG versions

This report uses AR-DRGs version 5.0 (DoHA 2002) to classify separations in most analyses. AR-DRGs version 4.2 (DHAC 2000) is used when data based on cost weights or estimated costs of separation are presented, because cost weight information was not available for AR-DRGs version 5.0 (see Chapters 2, 4, 7 and 12) at the time of publication. AR-DRG version 4.2 was also used for the RSI analysis detailed above.

The differences between the features of AR-DRG version 5.0 and AR-DRG version 4.2 were summarised in Appendix 3 of *Australian Hospital Statistics 2002–03* (AIHW 2004a) and should be taken into consideration when comparing data using the two classifications.

Medicare eligibility status

For *Australian Hospital Statistics 1999–00* (AIHW 2001a) and previous publications, Tables 7.1 to 7.5 in Chapter 7 (previously Chapter 5 in 1999–00, and Chapter 6 from 2000–01 to 2002–03) were based on the data element 'Patient accommodation eligibility status' which incorporated a distinction between patients who were or were not eligible for treatment in accordance with the Australian Health Care Agreements (previously known as the Medicare Agreements) and included a category for Department of Veterans' Affairs patients. For *Australian Hospital Statistics 2000–01* (AIHW 2002), these tables were compiled using four different data elements from version 9.0 of the *National Health Data Dictionary* (NHDC 2000) -- 'Admitted patient election status', 'Department of Veterans' Affairs patient', 'Medicare eligibility status' and 'Compensable status'. From 2001–02, data on Medicare eligibility, patient election status and funding source were provided as separate data elements. This allowed the comparability of these data to be assessed in more detail than previously possible, and highlighted apparent inconsistencies in the way Medicare eligibility was reported among states and territories, in particular in relation to the funding source and patient election status data. Hence, the data on Medicare eligibility status has not been included in Tables 7.2 to 7.5 and 4.12, so that data by funding source can be presented more meaningfully. As these data are not included in Tables 7.2 to 7.5 and 4.12 for this publication, a summary is presented in Table A3.9.

Patient election status and funding source categories

For *Australian Hospital Statistics 2001–02* and subsequent publications, Tables 7.2 to 7.5 (previously Tables 6.1 to 6.4) were based on the data elements 'Patient election status' and 'Funding source for hospital patient'. For the purpose of reporting these data in 2001–02, 2002–03 and 2003–04, the 'Patient election status' for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements* was categorised as public. Public psychiatric hospital patients were also categorised as public unless another funding source was reported for them. The 'Patient election status' for patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Workers compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans' Affairs*, *Department of Defence* or *Correctional facility* was categorised as private. Patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported* were categorised according to the reported 'Admitted patient election status'. For 2003–04, the 'Patient election status' for separations for patients whose funding source was reported as *Other hospital or public authority* in private sector hospitals in Tasmania were categorised as public as the patients were contracted by a public hospital and the 'Admitted patient election status' was not reported.

Tables in Chapters 9, 10 and 12 that present data for public patient separations used 'Patient election status', determined as described above, as the basis for this category.

To facilitate time series comparisons and to provide some continuity between *Australian Hospital Statistics 1999–00*, *Australian Hospital Statistics 2000–01*, *Australian Hospital Statistics 2001–02*, *Australian Hospital Statistics 2002–03* and this publication, the presentation of information for 2001–02, 2002–03 and 2003–04 in Table 7.1 has combined selected funding source categories and included Medicare eligibility status data. In Table 7.1 for 2001–02, 2002–03 and 2003–04, the category *Compensable* includes patients whose funding source was *Workers compensation*, *Motor vehicle third party personal claim* and *Other compensation*, while the category *Other private* includes private patients whose funding source was not *Department of Veterans' Affairs* or *Compensable*. However, caution should be taken when making comparisons over time (Tables 7.1, 9.7, 10.7 and 12.6) as the categories presented are not directly comparable. In previous years there was some variation between jurisdictions in the application of the data element 'Admitted patient election status', with some states and territories using this element to reflect the patient's choice of room or doctor and others to reflect the funding source. Hence, discontinuities may exist because patients with the funding source reported as *Department of Defence* and *Correctional facility* have been categorised as 'private patients' for 2001–02, 2002–03 and 2003–04, whereas they may previously have been reported as 'public patients', for example.

Table A3.5: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis^(a) and data for excluded hospitals, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total separations ('000)	1,258	1,160	688	331	353	78	69	70	4,008
Total patient days ('000)	4,743	4,044	2,299	1,145	1,196	305	235	214	14,182
Acute separations^(b)									
Separations ('000)	1,232	1,121	665	326	343	77	67	69	3,900
Patient days ('000)	4,331	3,253	1,992	1,028	1,062	265	204	204	12,340
Acute care psychiatric separations^(c)									
Separations ('000)	23	16	23	6	6	3	1	1	80
Average cost weight ^(d)	1.47	2.30	1.72	1.96	1.97	1.67	2.09	1.78	1.81
Patient days ('000)	240	226	211	81	71	26	14	10	879
Acute care non-psychiatric separations									
Separations ('000)	1,209	1,105	642	320	337	74	66	68	3,820
Patient days ('000)	4,091	3,027	1,780	947	992	240	191	194	11,461
Separations other than acute									
Rehabilitation separations ('000)	16.0	23.6	14.9	2.9	2.1	0.8	1.1	0.7	62.1
Patient days ('000)	247.3	391.9	139.0	68.0	31.3	24.4	14.9	3.7	920.4
Palliative care separations ('000)	4.1	2.9	3.2	0.4	1.4	0.1	0.4	0.0	12.4
Patient days ('000)	43.2	45.8	29.4	4.3	16.3	0.7	6.7	0.6	146.9
Geriatric evaluation and management separations ('000)	0.7	6.6	0.6	0.7	0.0	0.0	0.0	0.1	8.6
Patient days ('000)	7.1	185.4	11.9	5.7	n.p.	0.1	n.p.	1.3	211.6
Psychogeriatric separations	0.3	2.1	0.3	0.0	0.0	0.0	0.0	0.0	2.7
Patient days ('000)	14.5	60.7	8.6	0.8	n.p.	n.p.	n.p.	0.3	85.0
Maintenance separations ('000)	5.2	3.3	4.5	1.4	1.2	0.4	0.3	0.1	16.4
Patient days ('000)	100.4	107.1	117.6	38.1	52.2	14.5	9.2	3.5	442.7
Other separations ('000)	0.0	0.0	0.2	0.0	5.6	0.0	0.0	0.0	5.8
Patient days ('000)	n.p.	0.0	1.1	0.0	34.2	n.p.	0.1	n.p.	35.4
Total separations other than acute									
Separations ('000)	26.3	38.5	23.6	5.4	10.2	1.3	1.7	0.9	108.0
Patient days	412.5	790.8	307.5	117.0	133.9	39.8	30.8	9.3	1,842.1
Psychiatric separations^(c)									
Separations ('000)	24	18	24	6	7	3	1	1	84
Patient days ('000)	252	287	257	82	91	26	14	10	1,018
Data for excluded hospitals^(e)									
Separations for excluded hospitals ('000) ^(b)	67	28	33	36	26	3	2	0	194
Per cent of all separations (%)	5.1	2.3	4.5	9.8	6.8	3.5	2.2	..	4.6
Expenditure for excluded hospitals (\$m)	849	253	241	255	194	31	2	..	1,825
Inpatient fraction for excluded hospitals	0.64	0.55	0.70	0.76	0.94	0.74	1.00	..	0.68
Unadjusted cost per separation	8,081	5,039	5,119	5,376	7,064	7,957	1,180	..	6,441

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpose services are excluded from this table, as are some small hospitals with incomplete expenditure information. See Appendix 4 for further information.

(b) Includes same day separations, acute and unspecified care type separations and episodes of newborn care with qualified days.

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2002–03 AR-DRG v 4.2 cost weights (DoHA 2004). An updated version of this table based on 2003–04 AR-DRG v 4.2 cost weights will be made available on the website when available.

(e) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpose services. See Appendix 4 for further information.

.. Not applicable.

Table A3.6: Cost per acute casemix-adjusted separation, subset of selected public acute hospitals^(a), New South Wales, Victoria, Western Australia and South Australia, Tasmania and the Northern Territory 2003–04

	NSW	Vic	WA	SA	Tas	NT
Total separations ('000) ^(b)	1,001	828	330	275	78	70
Total patient days ('000) ^(b)	3,732	2,850	1,141	930	305	214
Acute separations ('000) ^(c)	977	798	325	267	77	69
Acute patient days ('000) ^(c)	3,357	2,253	1,025	819	265	204
Proportion of separations acute	97.6%	96.4%	98.4%	97.2%	98.3%	98.7%
Proportion of patient days acute	90.0%	79.1%	89.8%	88.0%	87.0%	95.6%
Total recurrent expenditure (\$m)						
Subset hospitals	4,912	3,638	1,584	1,051	370	243
Hospitals in Table 4.1	6,400	5,117	1,592	1,362	370	243
Proportion	77%	71%	100%	77%	100%	100%
Total admitted patient expenditure (\$m)						
Subset hospitals	3,401	2,662	1,104	821	264	177
Hospitals in Table 4.1	4,454	3,630	1,109	1,048	264	177
Proportion	76.4%	73.3%	99.5%	78.3%	100.0%	100.0%
Total separations ('000)						
Subset hospitals	1,001	828	330	275	78	70
Hospitals in Table 4.1	1,258	1,160	331	353	78	70
Proportion	79.6%	71.4%	99.7%	77.8%	100.0%	100.0%
Costs relating to acute care separations						
Average cost weight ^(d)	1.045	0.959	1.001	0.987	1.047	0.754
Casemix-adjusted acute separations ('000)	1,021	765	325	264	80	52
Acute IFRAC ^(e)	0.650	0.673	0.670	0.763	0.624	0.700
Total acute patient recurrent expenditure (\$m)	3,193	2,448	1,061	802	231	170
Cost per casemix-adjusted acute separation^(e)	3,262	3,280	3,334	3,152	2,958	3,278
Cost per total casemix-adjusted separation (from Table 4.1)	3,451	3,333	3,422	3,036	3,333	3,377
Cost per total casemix-adjusted separation on subset of hospitals	3,395	3,443	3,415	3,145	3,333	3,377
Percentage this exceeds cost per acute separation for subset hospitals	3.9%	4.7%	2.4%	-0.2%	11.3%	2.9%
Cost of not acute separations in subset (\$m)						
Per separation (\$)	208	214	43	19	34	7
Per patient day (\$)	8,630	7,153	7,983	2,491	26,073	8,133
Per patient day (\$)	557	359	369	171	845	793

(a) Excludes psychiatric, mothercraft, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multi-purpose services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 not acute patient days were recorded. Also excludes hospitals where the apparent cost of not acute patients exceeded \$1,000 per day and more than \$1,000,000 of apparent expenditure on non-acute patient days was reported

(b) From the National Hospital Morbidity Database. Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded. Details of acute separations and patient days and non-acute separations and patient are presented in Table A3.5.

(c) Acute separations are separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2002–03 AR-DRG version 4.2 cost weights (DoHA 2003). An updated version of this table based on 2003–04 AR-DRG v 4.2 cost weights will be made available on the website when available.

(e) The acute IFRAC is that portion of recurrent costs which are for acute admitted patients.

(f) Includes adjustment for private patient medical costs: \$136 for New South Wales, \$81 for Victoria, \$71 for Western Australia and \$111 for South Australia and \$83 for Tasmania.

Table A3.7: Cost per acute non-psychiatric casemix-adjusted separation, subset of selected public acute hospitals^(a), New South Wales, Victoria, Western Australia and Northern Territory, 2003–04

	NSW	Vic	WA	NT
Total separations ('000) ^(b)	1,001	828	330	60
Total patient days ('000) ^(b)	3,732	2,850	1,141	214
Acute non-psychiatric separations ('000) ^(c)	959	787	319	58
Acute non-psychiatric patient days ('000) ^(c)	3,177	2,111	943	168
Proportion of separations acute	95.8%	95.1%	96.5%	97.0%
Proportion of patient days acute	85.1%	74.1%	82.7%	78.6%
Total recurrent expenditure (\$m)				
Subset hospitals	4,912	3,638	1,584	204
Hospitals in Table 4.1	6,400	5,117	1,592	243
Proportion	77%	71%	100%	84%
Total admitted patient expenditure (\$m)				
Subset hospitals	3,401	2,662	1,104	177
Hospitals in Table 4.1	4,454	3,630	1,109	177
Proportion	76.4%	73.3%	99.5%	100.0%
Total separations ('000)^(d)				
Subset hospitals	1,001	828	330	60
Hospitals in Table 4.1	1,258	1,160	331	70
Proportion	79.6%	71.4%	99.7%	84.9%
Costs relating to acute non-psychiatric separations				
Average cost weight ^(e)	1.045	0.959	1.001	0.775
Casemix-adjusted acute non-psychiatric separations ('000)	1,002	755	319	45
Acute non-psychiatric IFRAC ^(f)	0.626	0.652	0.645	0.668
Total acute non-psychiatric patient recurrent expenditure (\$m)	3,075	2,371	1,021	136
Cost per casemix-adjusted acute non-psychiatric separation^(g)	3,228	3,293	3,338	3,132
Cost per total casemix-adjusted separation (from Table 4.1)	3,451	3,333	3,422	3,377
Cost per total casemix-adjusted separation on subset of hospitals	3,395	3,443	3,415	3,365
Percentage this exceeds cost per acute non-psychiatric separation for subset hospitals	4.9%	4.4%	2.3%	6.9%
Cost of not acute non-psychiatric separations in subset (\$m)				
Per separation (\$)	7,675	7,107	7,178	23,165
Per patient day (\$)	587	393	419	900

- (a) Excludes psychiatric, mothercraft, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multi-purpose services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 not acute patient days were recorded. Also excludes hospitals where the apparent cost of not acute patients exceeded \$1,000 per day and more than \$1,000,000 of apparent expenditure on non-acute patients days was reported. NT data restricted to the two principal referral hospitals.
- (b) From the National Hospital Morbidity Database. Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded. Details of acute separations and patient days and non-acute separations and patient are presented in Table A3.5.
- (c) Acute separations are separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*. Psychiatric separations are those with psychiatric care days.
- (d) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
- (e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2002–03 AR-DRG version 4.2 cost weights (DoHA 2003). An updated version of this table based on 2003–04 AR-DRG v 4.2 cost weights will be made available on the website when available.
- (f) The acute non-psychiatric IFRAC is that portion of recurrent costs which are for acute non-psychiatric admitted patients.
- (g) Includes adjustment for private patient medical costs: \$141 for New South Wales, \$88 for Victoria and \$77 for Western Australia and \$23 for the Northern Territory.

Table A3.8: Count of AR-DRGs v 4.2 contributing to the relative stay index, by sector, and medical/surgical/other type of AR-DRG, states and territories, 2003-04

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	639	639	636	636	634	624	621	586	639
Medical	333	333	331	333	331	329	328	322	333
Surgical	275	275	275	273	272	265	263	235	275
Other	31	31	30	30	31	30	30	29	31
Private hospitals	616	624	625	614	602	n.p.	n.p.	n.p.	632
Medical	326	328	328	325	314	n.p.	n.p.	n.p.	332
Surgical	261	265	267	261	260	n.p.	n.p.	n.p.	269
Other	29	31	30	28	28	n.p.	n.p.	n.p.	31
All hospitals	639	639	636	636	634	n.p.	n.p.	n.p.	639
Medical	333	333	331	333	331	n.p.	n.p.	n.p.	333
Surgical	275	275	275	273	272	n.p.	n.p.	n.p.	275
Other	31	31	30	30	31	n.p.	n.p.	n.p.	31

n.p. Not published.

Table A3.9: Separations^(a), by Medicare eligibility status and hospital sector, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Medicare eligible	1,318,043	1,186,391	718,328	365,791	378,012	80,826	68,578	69,842	4,185,811
Not Medicare eligible	7,305	725	2,684	899	1,097	92	451	274	13,527
Medicare eligibility not reported	187	413	1	556	0	0	0	0	1,157
Total	1,325,535	1,187,529	721,013	367,246	379,109	80,918	69,029	70,116	4,200,495
Private hospitals									
Medicare eligible	710,762	680,674	609,631	289,409	206,183	n.p.	n.p.	n.p.	2,596,496
Not Medicare eligible	1,377	132	2,937	548	28	n.p.	n.p.	n.p.	5,091
Medicare eligibility not reported	6	0	27,479	236	0	n.p.	n.p.	n.p.	39,110
Total	712,145	680,806	640,047	290,193	206,211	n.p.	n.p.	n.p.	2,640,697
All hospitals									
Medicare eligible	2,028,805	1,867,065	1,327,959	655,200	584,195	n.p.	n.p.	n.p.	6,782,307
Not Medicare eligible	8,682	857	5,621	1,447	1,125	n.p.	n.p.	n.p.	18,618
Medicare eligibility not reported	193	413	27,480	792	0	n.p.	n.p.	n.p.	40,267
Total	2,037,680	1,868,335	1,361,060	657,439	585,320	n.p.	n.p.	n.p.	6,841,192

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: There is some variation between jurisdictions in the reporting of *Not Medicare eligible* and *Medicare eligibility not reported*.

n.p. Not published.

Appendix 4: Hospitals contributing to this report and public hospital peer groups

Introduction

This appendix includes information on the public and private hospitals contributing to the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection and the Non-admitted Patient Emergency Department Care Data Collection. Also included is information on the coverage of private hospitals in the National Hospital Morbidity Database that can assist interpretation of the data on private hospital activity. Information on the public hospital peer group classification used in Chapters 2, 4, 5 and 6 is also included.

The entities that are reported as hospitals in the databases and in this report vary, depending on the type of information being reported. Explanatory information is therefore included on this variation, with a summary table on the counts of public hospitals presented for different analyses.

Throughout this report, unless otherwise specified:

- Public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category.
- All public hospitals other than public psychiatric hospitals are included in the public acute hospital category.
- Private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category.
- All private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

Public and private hospitals

There is currently some variation between jurisdictions in whether hospitals that predominantly provide public hospital services, and that are privately owned and/or operated, are reported as public or private hospitals. A selection of these hospitals is listed in Table A4.1 with information on whether they are reported as public or private hospitals.

This year data for Hawkesbury Base and Port Macquarie hospitals have been reported as public hospitals whereas in previous years they were reported as private hospitals.

Table A4.1: Selected hospitals included in this report that predominantly provide public hospital services, that are privately owned and/or operated

State	Hospital	How reported
NSW	Hawkesbury Base	Public hospital
NSW	Port Macquarie	Public hospital
Vic	Mildura Base	Public hospital
QLD	Noosa	Private hospital
WA	Joondalup	Private hospital
WA	Peel	Private hospital
SA	Modbury	Public hospital
Tas	May Shaw District Nursing Centre	Public hospital (partial establishment data reported)
Tas	Toosey	Public hospital (partial establishment data reported)

The National Hospital Morbidity Database

The National Hospital Morbidity Database includes data relating to admitted patients from almost all hospitals: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories). In addition, for 2003–04, data were not supplied for a mothercraft hospital in the Australian Capital Territory and one tiny rural hospital in Victoria. For New South Wales, two hospitals (Port Macquarie and Hawkesbury Base) which had been categorised as private hospitals in 2002–03, were re-categorised as public hospitals for 2003–04.

Table A4.2: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2003–04

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Incomplete	Complete	Incomplete	Incomplete
Qld	Complete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Complete	Complete
Tas	Complete	Complete	Complete	Incomplete
ACT	Incomplete	Not applicable	Not included	Complete
NT	Complete	Not applicable	Not included	Complete

Note: Complete—all facilities reported data to the National Hospital Morbidity Database. Incomplete—some facilities did not provide data to the National Hospital Morbidity Database; see text for more details. Not included—there are facilities in this sector for this state or territory, however, no data were provided. Not applicable—there are no facilities in this sector for this state or territory.

Within the private sector, data were not provided for 2003–04 for all private day hospital facilities in the Australian Capital Territory and for the single *Free-standing day hospital facility* in the Northern Territory. For Victoria, data were not provided for four *Free-standing day hospital facilities* and five *Other private hospitals* and coverage was estimated to be under-enumerated by 0.3% overall. For South Australia, data were not available for one small *Other*

private hospital for one month, and for one small *Free-standing day hospital facility* for one month. The South Australian Health Department advised that data coverage was essentially complete. For Tasmania, data were not available for one *Other private hospital*.

Table A4.2 summarises this coverage information by state and territory and by hospital sector, and tables accompanying this report on the Internet at <http://www.aihw.gov.au> list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2003–04 (Tables A4.3 and A4.4). For public hospitals, also included in the Internet tables is information on their average available bed numbers, their peer group (see below) and the Statistical Local Area and Remoteness Area of their location. With the list of private hospitals is information on whether each was a private free-standing day hospital facility.

Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations presented in this report slightly underestimate actual counts.

Table A4.5: Differences between private hospital separations on the National Hospital Morbidity Database and reported to the ABS's Private Health Establishments Collection, 1994–95 to 2002–03

Year	Private free-standing day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
1994–95	n.a.	n.a.	n.a.	n.a.	76,274	5.0
1995–96	n.a.	n.a.	n.a.	n.a.	83,619	5.0
1996–97	4,868	2.2	75,850	4.9	80,718	4.6
1997–98	23,662	8.7	40,369	2.5	64,031	3.4
1998–99	40,980	13.6	69,961	4.2	110,941	5.6
1999–00	68,907	19.7	53,247	3.0	122,154	5.7
2000–01 ^(a)	56,880	15.6	22,688	4.4	81,758	3.5
2001–02 ^(b)	56,673	13.1	132,040	6.2	118,064	4.6
2002–03 ^(b)	16,584	3.5	99,147	4.7	47,755	1.8

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database. The differences for private free standing day hospital facilities and other private hospitals exclude Tasmania.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database and ABS suppressed data for the Australian Capital Territory, the Northern Territory and Tasmania. The differences for private free standing day hospital facilities and other private hospitals exclude Australian Capital Territory, the Northern Territory and Tasmania.

n.a. Not available.

Source: ABS, unpublished Private Health Establishments Collection data, for private hospital data.

Over recent years, at the total level there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection (ABS 2004a) (Table A4.5). The latter collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private free-standing day hospital facilities approved by the Department of Health and Ageing. In 2002–03, the difference was 47,755 separations (1.8%).

For individual states (internet appendix tables A4.6a to A4.6j), the patterns of differences between number of separations reported to the National Hospital Morbidity Database compared to the ABS's Private Health Establishments Collection varied. This reflects the omission of some private hospitals from the National Hospital Morbidity Database. However, there are differences even when both collections are reported to be complete. For example, for 2002–03, more separations were reported to the National Hospital Morbidity Database than to the ABS for private free-standing day hospital facilities in Western Australia. The discrepancies may have been due to the use of differing definitions (e.g. differing counting rules for *Newborn* episodes of care) or different interpretations of definitions, or differences in the quality of the data provided for different purposes.

At the time of publication of this report, Private Health Establishments Collection data for 2003–04 were not available. When they become available, an estimate will be made of the under-enumeration of separations in the National Hospital Morbidity Database for 2003–04, by comparing it with the 2003–04 Private Health Establishments Collection data. This estimate will be included with *Australian Hospital Statistics 2003–04* on the Internet.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories) are not included. Justice Health in New South Wales was included for 2003–04, although it had not been included in 2001–02 and 2002–03. As noted above two hospitals were reported as public hospitals when previously they were reported as private hospitals and were therefore included in this collection.

Public hospitals are categorised by the AIHW into peer groups, as described below.

Table A4.3 accompanying this report on the Internet at <http://www.aihw.gov.au> lists the public hospitals that contributed to the National Public Hospital Establishments Database for 2003–04. Also included is information on their average available bed numbers, their peer group and the Statistical Local Area and Remoteness Area of their location.

The Emergency Department Waiting Times Data Collection

The Emergency Department Waiting Times Data Collection covers public acute hospitals and was provided as summary data within the National Public Hospital Establishments Database. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.3 accompanying this report on the Internet at <http://www.aihw.gov.au>) includes information on the hospitals for which emergency department waiting times and related data were reported to the National Public Hospital Establishments Database for 2003–04.

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database covers public hospitals that were classified as peer groups A (*Principal referral and Specialist Women's and children's hospitals*) and B (*Large hospitals*) in *Australian Hospital Statistics 2002–03* (see below for more information). Data were also provided for hospitals in other peer groups for some states and territories.

For 2003–04, New South Wales was not able to supply data for one hospital in peer group B which had been categorised as a *Medium hospital* in 2002–03 and Queensland was unable to supply data for one hospital in peer group A. For New South Wales these data also include two hospitals which had previously been reported as private hospitals and which had not been classified into a peer group in 2002–03. For Victoria, data were provided for eight *Medium hospitals* and for Western Australia, data were provided for three *Medium hospitals* and two *Small remote hospitals*. Overall coverage was estimated as about 73% of public hospital emergency department occasions of service.

Table 5.1 provides further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.3 accompanying this report on the Internet at <http://www.aihw.gov.au>) includes information on which hospitals were also included in the National Non-admitted Patient Emergency Department Care Database for 2003–04.

The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals. However, some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included, however, some are not. Based on the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection, national coverage was about 87%, and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to about 64% in South Australia (Table 6.2). Coverage was highest for *Principal referral and specialist women's and children's hospitals* at 99%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

Tables 6.1 and 6.2 provide further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.3 accompanying this report on the Internet at <http://www.aihw.gov.au>) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2003–04.

Counting public hospitals

Different counts of hospitals are used in this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Non-admitted Patient Emergency Department Care Database and the National Elective Surgery Waiting Times Data Collection. In summary, three counts of hospitals are used (Table A4.7):

- In Chapter 2, Chapter 3 and Chapter 5, hospitals are counted generally as they were reported to the National Public Hospital Establishments Database. These entities are generally 'physical hospitals' (buildings or campuses) but may encompass some outposted locations such as dialysis units. Conversely, however, hospitals on the one 'campus' can be reported as separate entities to this database if, for example, they are managed separately and have separate purposes, such as specialist women's services, and specialist children's services. Although most of the hospitals counted in this way report separations to the National Hospital Morbidity Database, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Table 4.2), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the National Public Hospital Establishments Database with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were only available for these networks, so the networks are the entities counted as hospitals for those jurisdictions for these tables.
- In Chapter 6 (on elective surgery waiting times), hospitals are counted generally if they report as separate entities to the National Elective Surgery Waiting Times Data Collection and/or the National Hospital Morbidity Database. Almost all public hospitals are reported in the same way to these two databases and, since the coverage estimates are based on data from the National Hospital Morbidity Database, some very minor adjustment is made to ensure that the counts of hospitals align completely. In these databases, reporting entities are more likely to represent physical campuses than in the National Public Hospital Establishments Database (with, for example, some outposted units being separately identifiable). Hospitals are not included if they did not report separations for 2003-04.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements rather than changes in the number of hospital campuses or buildings.

Counts of private hospitals can also vary, depending on the source of the information. Thus, there may be discrepancies between counts of private hospitals from the ABS's Private Health Establishments Collection presented in Table 2.1 and the lists of private hospitals contributing to the National Hospital Morbidity Database. The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

Table A4.7: Numbers of public hospitals reported in this report, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Chapter 2 and Chapter 3 and Table 5.1	231	144	178	93	80	27	3	5	761
Table 4.2 (with expenditure data)	218	93	179	93	73	24	3	5	688
Table 6.1 and 6.2 (reporting hospital morbidity/elective surgery waiting times data)	230	143	178	93	80	27	2	5	758

Public hospital peer groups

The Australian Institute of Health and Welfare worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A4.8. Details of the derivation of the peer groups are in Appendix 11 of *Australian Hospital Statistics 1998–99* (AIHW 2000). From 2001–02, the method was adjusted slightly, by replacing the RRMA classification with the Remoteness Area classification for the geographical component of the peer grouping. In short, the Remoteness Area category Major Cities of Australia replaced the RRMA metropolitan zone, the Remoteness Area categories Inner regional and Outer regional replaced the RRMA Rural zone, and the Remoteness Area Remote and Very remote categories replaced the RRMA Remote zone.

A flow chart can be found in *Australian Hospital Statistics 2002-03* (Figure A4.1) to illustrate the assignment of peer groups for almost all hospitals. However, hospitals may be assigned without using this logic, usually in special circumstances such as the opening or closing of a hospital during the year. There were no such assignments for 2003–04.

Selected characteristics of the hospitals assigned to each peer group for 2003–04 are presented in Table 4.2 (for each state and territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see Appendix 6), emergency department occasions of service data in Chapter 5 and elective surgery waiting times data in Chapter 6. They have also been used to specify the scopes for national minimum data sets, for example, as noted above for the NMDS for Non-Admitted Patient Emergency Department Care.

The peer group to which each public hospital was assigned for 2003–04 is included in Table A4.3. In some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data or those defined for counts of hospitals presented in Chapters 2 and 3. In these cases, their peer groups may also differ, and these differences are indicated in Table A4.3.

Table A4.8: Public hospital peer group classification^(a)

Peer group	Sub-group	Definition
Principal referral and specialist women's & children's hospitals	Principal referral	Major city hospitals with >20,000 acute casemix-adjusted separations and Regional hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Major city	Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Regional and remote	Regional acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and remote hospitals with >5,000 casemix-adjusted separations.
Medium hospitals	Group 1	Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.
	Group 2	Medium acute hospitals in Regional and Major city areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Regional	Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	Small remote hospitals (<5,000 acute casemix-adjusted separations but not 'Multi-purpose services' and not 'Small non-acute'). Most are <2,000 separations.
Sub-acute and non-acute hospitals	Small non-acute	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	
	Hospices	
	Rehabilitation	
	Mothercraft	
Un-peered and other hospitals	Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care with a small number of acute patients
		Prison medical services, special circumstance hospitals, Major city hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations, etc.
Psychiatric hospitals		

(a) Only the peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in Chapter 4.

Appendix 5: Service Related Groups

Introduction

The Service Related Group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist the planning of services, in analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. For this purpose the AR-DRG system was not considered appropriate as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD chapters, MDCs and SRGs.

Procedure	ICD chapter	MDC	SRG
Extraction of wisdom teeth	Diseases of Digestive system	MDC 3 ENT	Dentistry
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of Digestive system	MDC 6 Digestive System	Gastroenterology
Excision of haemorrhoids	Diseases of Digestive system	MDC 6 Digestive System	Colorectal surgery

Based on methodology originally developed by the New South Wales Department of Health, the Commonwealth Department of Health and Ageing (DHA) developed the Specialist Service Related Group (SSRG) classification. These are largely aggregations of version 4.2 AR-DRG information. However, assignment of some separations to SSRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SSRG categories according to the type of care because the main service type of these separations cannot be ascertained from their diagnoses or procedures. Error DRGs become unallocated SRGs. The classification also incorporates non-specialist SRGs (NSSRGs), which are an aggregation of the SSRGs (into categories such as other non-specialty surgery) and are used for smaller hospitals that do not have the specialist services or specialist equipment.

There are 50 SRGs, 127 SSRGs and 122 NSSRGs. These are detailed in Table A5.1 in *Australian Hospital Statistics 2001–02* (AIHW 2003).

More information relating to SRGs, including the algorithm for assigning SRGs can be obtained from the Commonwealth Department of Health and Ageing.

For this Appendix, separations were assigned to the SSRG or NSSRG classification depending on whether or not the hospital they had a specialist *Neurosurgery, Perinatology* or

Cardiothoracic unit, as appropriate, as reported to the National Public Hospital Establishments Database (see Chapter 3). SSRGs and NSSRGs were allocated using the data in the National Hospital Morbidity Database.

State and territory overview

Tables A5.1 and A5.2 in the internet version of this publication contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Dialysis* (SRG 23) had the largest number of separations in public hospitals, with 620,649, followed by *Obstetrics* (SRG 72), with 278,819. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations, with 350,261, followed by *Orthopaedics* (SRG 49), with 243,363.

Tables A5.3 and A5.4 in the internet version of this publication summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Rehabilitation* (SRG 84) recorded the highest number of patient days, with 1,280,002, and *Orthopaedics* (SRG 49) recorded the highest in the private sector, with 729,193 patient days.

Table A5.5 contains the number of establishments with more than 50 separations and the number of establishments with more than 360 patient days in each SRG by state and territory and by *Remoteness Area* for public hospitals only. This has been included as an indicative measure of the number of specialty units. The best indicative measure of the number of units varies between SRGs and between uses of the measure so, for example, *Maintenance* (SRG 87) shows 112 hospitals providing more than 50 separations a year and 363 providing more than 360 patient days while *Ophthalmology* (SRG 50) shows 169 hospitals providing more than 50 separations a year and 65 providing more than 360 patient days a year. *Cardiothoracic surgery* (SRG 42) and *Neurosurgery* (SRG 46) showed no difference between the two different measures with 23 and 24 units respectively under both measures.

Non-subspecialty medicine (SRG 27) and *Non-subspecialty surgery* (SRG 54) had the greatest number of establishments with more than 50 separations at 418 and 403 respectively. Using the 360 patient day boundary changed the picture only slightly, with *Non-subspecialty medicine* (SRG 27) moving into second place and *Maintenance* (SRG 87) becoming the most common with 349 and 363 establishments respectively.

For confidentiality, the statistics for some blocks in the private sector particularly for Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed.

Table A5.5: Hospitals with more than 50 separations and with more than 360 patient days in each Service Related Group, by Service Related Group, and Remoteness Area, public hospitals, states and territories, 2003-04

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50	360	50	360	50	360	50	360	50	360	50	360	50	360	50	360	50	360
	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days
11 Cardiology	131	107	74	58	74	47	32	22	41	23	6	4	2	2	5	3	365	266
Major City	40	40	21	20	13	11	8	8	9	9	..	..	2	2	..	..	93	90
Regional	86	66	53	38	49	33	16	10	27	13	6	4	..	..	1	1	238	165
Remote	5	1	0	0	12	3	8	4	5	1	0	0	..	..	4	2	34	11
12 Interventional cardiology	27	28	13	13	5	5	4	3	3	3	2	2	1	1	1	1	56	56
Major City	26	27	11	11	3	3	4	3	3	3	..	..	1	1	..	..	48	48
Regional	1	1	2	2	2	2	0	0	0	0	2	2	..	..	1	1	8	8
13 Dermatology	30	9	18	8	17	4	5	4	6	4	2	1	1	1	1	1	80	32
Major City	26	9	15	8	10	3	4	4	6	4	..	..	1	1	..	..	62	29
Regional	4	0	3	0	7	1	1	0	0	0	2	1	..	..	1	1	18	3
14 Endocrinology	62	55	36	33	25	20	12	9	12	12	3	4	2	2	2	2	154	137
Major City	37	38	21	20	12	11	7	8	8	9	..	..	2	2	..	..	87	88
Regional	25	17	15	13	12	8	4	1	4	3	3	4	..	..	1	1	64	47
Remote	0	0	0	0	1	1	1	0	0	0	0	0	..	..	1	1	3	2
15 Gastroenterology	117	73	72	42	60	30	30	13	34	13	5	3	2	2	5	3	325	179
Major City	40	38	25	22	13	11	10	8	9	9	..	..	2	2	..	..	99	90
Regional	74	35	47	20	40	18	11	4	22	4	5	3	..	..	1	1	200	85
Remote	3	0	0	0	7	1	9	1	3	0	0	0	..	..	4	2	26	4
Diagnostic gastrointestinal																		
16 endoscopy	83	56	65	39	34	22	30	15	27	12	3	3	2	2	4	2	248	151
Major City	37	33	21	20	12	11	10	9	9	8	..	..	2	2	..	..	91	83
Regional	46	23	44	19	21	11	14	6	15	4	3	3	..	..	1	1	144	67
Remote	0	0	0	0	1	0	6	0	3	0	0	0	..	..	3	1	13	1
17 Haematology	73	42	48	31	32	17	15	5	17	9	3	3	2	2	2	1	192	110
Major City	35	32	22	19	12	11	9	5	9	8	..	..	2	2	..	..	89	77
Regional	38	10	26	12	19	6	5	0	7	1	3	3	..	..	1	1	99	33
Remote	0	0	0	0	1	0	1	0	1	0	0	0	..	..	1	0	4	0
18 Immunology and infections	91	69	45	41	50	31	24	17	16	10	3	3	2	2	5	5	236	178
Major City	39	38	22	23	13	12	8	8	9	7	..	..	2	2	..	..	93	90
Regional	49	30	23	18	30	17	6	4	7	3	3	3	..	..	1	1	119	76
Remote	3	1	0	0	7	2	10	5	0	0	0	0	..	..	4	4	24	12
19 Medical oncology	63	56	44	38	25	23	10	7	11	10	3	3	2	2	2	1	160	140
Major City	35	36	22	20	12	11	6	6	8	8	..	..	2	2	..	..	85	83
Regional	28	20	22	18	13	12	4	1	2	2	3	3	..	..	1	1	73	57
Remote	0	0	0	0	0	0	0	0	1	0	0	0	..	..	1	0	2	0

(continued)

Table A5.5: (continued) Hospitals with more than 50 separations and with more than 360 patient days in each Service Related Group, by Service Related Group, and Remoteness Area, public hospitals, states and territories, 2003–04

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50	360	50	360	50	360	50	360	50	360	50	360	50	360	50	360	50	360
	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days
20 Chemotherapy	14	1	37	29	21	14	8	6	19	8	1	1	2	2	2	2	104	63
Major City	12	1	16	15	8	7	4	4	8	8	..	..	2	2	..	..	50	37
Regional	2	0	21	14	12	7	4	2	10	0	1	1	..	..	1	1	51	25
Remote	0	0	0	0	1	0	0	0	1	0	0	0	..	..	1	1	3	1
21 Neurology	108	90	58	46	56	37	28	15	38	20	5	7	2	2	3	3	298	220
Major City	41	43	24	20	13	13	9	9	9	9	..	..	2	2	..	..	98	96
Regional	65	47	34	26	39	23	12	6	25	10	5	6	..	..	1	1	181	119
Remote	2	0	0	0	4	1	7	0	4	1	0	1	..	..	2	2	19	5
22 Renal medicine	49	38	31	22	20	14	10	4	9	6	2	2	2	1	2	2	125	89
Major City	33	29	20	16	11	8	7	4	7	6	..	..	2	1	..	..	80	64
Regional	16	9	11	6	8	6	2	0	2	0	2	2	..	..	1	1	42	24
Remote	0	0	0	0	1	0	1	0	0	0	0	0	..	..	1	1	3	1
23 Dialysis	39	31	53	41	14	13	9	9	12	10	2	2	1	1	4	4	134	111
Major City	16	16	15	15	5	5	5	5	7	7	..	..	1	1	..	..	49	49
Regional	20	15	38	26	8	8	3	3	3	2	2	2	..	..	1	1	75	57
Remote	3	0	0	0	1	0	1	1	2	1	0	0	..	..	3	3	10	5
24 Respiratory medicine	136	124	84	77	81	57	41	30	45	34	6	7	2	2	5	5	400	336
Major City	41	41	25	26	14	14	9	9	10	10	..	..	2	2	..	..	101	102
Regional	86	80	59	51	52	37	17	13	28	21	6	7	..	..	1	1	249	210
Remote	9	3	0	0	15	6	15	8	7	3	0	0	..	..	4	4	50	24
25 Rheumatology	20	15	19	11	11	3	4	4	8	5	2	1	1	1	1	1	66	41
Major City	19	15	14	9	7	3	4	4	7	5	..	..	1	1	..	..	52	37
Regional	1	0	5	2	4	0	0	0	1	0	2	1	..	..	1	1	14	4
26 Pain management	26	8	25	8	11	3	7	5	8	3	3	1	2	0	0	0	82	28
Major City	23	8	15	8	8	3	5	5	6	3	..	..	2	0	..	..	59	27
Regional	3	0	10	0	3	0	2	0	2	0	3	1	..	..	0	0	23	1
27 Non-specialty medicine	140	119	92	86	85	58	41	31	47	41	6	7	2	2	5	5	418	349
Major City	51	51	30	29	14	14	11	14	12	12	..	..	2	2	..	..	120	122
Regional	85	66	62	57	52	38	16	10	27	23	6	7	..	..	1	1	249	202
Remote	4	2	0	0	19	6	14	7	8	6	0	0	..	..	4	4	49	25
41 Breast surgery	34	9	27	11	15	4	4	3	5	2	3	0	1	0	1	0	90	29
Major City	23	8	18	10	6	4	3	3	5	2	..	..	1	0	..	..	56	27
Regional	11	1	9	1	9	0	1	0	0	0	3	0	..	..	1	0	34	2
42 Cardiothoracic surgery	10	10	2	2	3	3	4	4	2	2	1	1	1	1	0	0	23	23
Major City	10	10	2	2	2	2	4	4	2	2	..	..	1	1	..	..	21	21
Regional	0	0	0	0	1	1	0	0	0	0	1	1	..	..	0	0	2	2

(continued)

Table A5.5: (continued) Hospitals with more than 50 separations and with more than 360 patient days in each Service Related Group, by Service Related Group, and Remoteness Area, public hospitals, states and territories, 2003-04

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
43 Colorectal surgery	62	50	39	31	21	18	15	10	14	9	3	3	2	2	2	2	158	125
Major City	35	32	21	18	11	9	10	8	9	7	..	..	2	2	..	..	88	76
Regional	27	18	18	13	10	9	5	2	4	1	3	3	..	..	1	1	68	47
Remote	0	0	0	0	0	0	0	0	1	1	0	0	..	..	1	1	2	2
44 Upper gastrointestinal surgery	69	53	44	32	30	21	18	10	17	7	3	3	2	2	3	2	186	130
Major City	37	33	21	19	11	10	9	6	9	7	..	..	2	2	..	..	89	77
Regional	32	20	23	13	18	11	6	4	7	0	3	3	..	..	1	1	90	52
Remote	0	0	0	0	1	0	3	0	1	0	0	0	..	..	2	1	7	1
45 Head and neck surgery	19	10	18	5	9	2	3	3	3	2	2	1	1	1	1	0	56	24
Major City	16	10	15	5	5	2	3	3	3	2	..	..	1	1	..	..	43	23
Regional	3	0	3	0	4	0	0	0	0	0	2	1	..	..	1	0	13	1
46 Neurosurgery	9	9	1	1	5	5	3	3	4	4	1	1	1	1	0	0	24	24
Major City	9	9	1	1	4	4	3	3	4	4	..	..	1	1	..	..	22	22
Regional	0	0	0	0	1	1	0	0	0	0	1	1	..	..	0	0	2	2
47 Dentistry	29	1	26	7	26	4	9	1	8	2	3	0	2	0	2	0	105	15
Major City	14	1	8	4	11	4	5	1	3	2	..	..	2	0	..	..	43	12
Regional	14	0	18	3	14	0	4	0	4	0	3	0	..	..	1	0	58	3
Remote	1	0	0	0	1	0	0	0	1	0	0	0	..	..	1	0	4	0
48 Ear, nose and throat	62	29	58	26	25	12	21	10	21	6	3	2	2	1	4	1	196	87
Major City	37	22	23	18	10	7	9	8	8	5	..	..	2	1	..	..	89	61
Regional	25	7	35	8	13	5	7	2	11	1	3	2	..	..	1	1	95	26
Remote	0	0	0	0	2	0	5	0	2	0	0	0	..	..	3	0	12	0
49 Orthopaedics	113	96	73	60	66	43	35	26	41	21	4	5	2	2	5	3	339	256
Major City	42	45	25	23	12	12	11	11	9	9	..	..	2	2	..	..	101	102
Regional	68	50	48	37	45	28	15	9	28	11	4	5	..	..	1	1	209	141
Remote	3	1	0	0	9	3	9	6	4	1	0	0	..	..	4	2	29	13
50 Ophthalmology	55	23	44	13	24	9	22	10	16	6	3	1	2	2	3	1	169	65
Major City	29	14	20	10	10	6	10	9	7	6	..	..	2	2	..	..	78	47
Regional	26	9	24	3	9	3	6	1	8	0	3	1	..	..	1	1	77	18
Remote	0	0	0	0	5	0	6	0	1	0	0	0	..	..	2	0	14	0
51 Plastic surgery	82	41	60	33	39	21	25	9	25	10	3	3	2	2	4	2	240	121
Major City	39	29	27	19	12	11	10	6	9	8	..	..	2	2	..	..	99	75
Regional	43	12	33	14	25	9	7	3	15	2	3	3	..	..	1	1	127	44
Remote	0	0	0	0	2	1	8	0	1	0	0	0	..	..	3	1	14	2
52 Urology	84	47	57	35	35	17	25	12	26	9	3	2	2	2	2	2	234	126
Major City	40	33	23	21	12	10	12	8	9	8	..	..	2	2	..	..	98	82
Regional	44	14	34	14	22	7	9	4	16	1	3	2	..	..	1	1	129	43
Remote	0	0	0	0	1	0	4	0	1	0	0	0	..	..	1	1	7	1

(continued)

Table A5.5: (continued) Hospitals with more than 50 separations and with more than 360 patient days in each Service Related Group, by Service Related Group, and Remoteness Area, public hospitals, states and territories, 2003-04

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
53 Vascular surgery	46	44	37	32	20	17	8	6	8	7	2	2	2	1	2	2	125	111
Major City	32	30	21	17	10	8	5	6	7	6	..	..	2	1	..	..	77	68
Regional	14	14	16	15	9	7	3	0	1	1	2	2	..	..	1	1	46	40
Remote	0	0	0	0	1	2	0	0	0	0	0	0	..	..	1	1	2	3
54 Non-specialty surgery	133	91	79	57	88	47	42	27	48	22	6	3	2	2	5	3	403	252
Major City	43	42	28	26	14	12	12	12	9	9	..	..	2	2	..	..	108	103
Regional	83	48	51	31	55	33	16	8	31	12	6	3	..	..	1	1	243	136
Remote	7	1	0	0	19	2	14	7	8	1	0	0	..	..	4	2	52	13
61 Transplant	3	5	1	4	1	2	0	2	1	1	0	0	0	0	0	0	6	14
Major City	3	5	1	4	1	2	0	2	1	1	..	..	0	0	..	..	6	14
62 Extensive burns	3	3	2	2	1	2	2	2	2	2	1	1	0	0	1	1	12	13
Major City	3	3	2	2	1	2	2	2	2	2	..	..	0	0	..	..	10	11
Regional	0	0	0	0	0	0	0	0	0	0	1	1	..	..	1	1	2	2
63 Tracheostomy	19	30	13	18	9	17	3	4	3	4	2	2	1	2	1	2	51	79
Major City	19	21	13	14	6	11	3	4	3	4	..	..	1	2	..	..	45	56
Regional	0	9	0	4	3	6	0	0	0	0	2	2	..	..	1	1	6	22
Remote	0	0	0	0	0	0	0	0	0	0	0	0	..	..	0	1	0	1
71 Gynaecology	78	51	68	39	39	22	28	14	26	14	3	3	2	2	4	2	248	147
Major City	36	31	25	17	10	10	11	9	9	9	..	..	2	2	..	..	93	78
Regional	42	20	43	22	26	11	10	5	16	5	3	3	..	..	1	1	141	67
Remote	0	0	0	0	3	1	7	0	1	0	0	0	..	..	3	1	14	2
72 Obstetrics	86	75	60	52	47	37	29	26	29	23	4	2	2	2	5	4	262	221
Major City	31	31	18	18	9	8	10	9	7	7	..	..	2	2	..	..	77	75
Regional	54	44	42	34	33	26	12	10	20	15	4	2	..	..	1	1	166	132
Remote	1	0	0	0	5	3	7	7	2	1	0	0	..	..	4	3	19	14
73 Qualified neonates	43	40	29	24	21	21	10	4	9	6	2	2	2	2	2	2	118	101
Major City	26	26	14	13	10	10	6	2	6	4	..	..	2	2	..	..	64	57
Regional	17	14	15	11	10	10	2	1	3	2	2	2	..	..	1	1	50	41
Remote	0	0	0	0	1	1	2	1	0	0	0	0	..	..	1	1	4	3
75 Perinatology	4	9	1	1	0	0	1	1	1	1	0	0	0	1	0	1	7	14
Major City	4	9	1	1	0	0	1	1	1	1	..	..	0	1	..	..	7	13
Regional	0	0	0	0	0	0	0	0	0	0	0	0	..	..	0	1	0	1
81 Drug and alcohol	82	49	33	23	40	16	23	11	19	10	4	5	2	2	2	2	205	118
Major City	41	34	19	16	12	8	10	8	11	10	..	..	2	2	..	..	95	78
Regional	40	15	14	7	25	8	8	3	7	0	4	5	..	..	1	1	99	39
Remote	1	0	0	0	3	0	5	0	1	0	0	0	..	..	1	1	11	1

(continued)

Table A5.5: (continued) Hospitals with more than 50 separations and with more than 360 patient days in each Service Related Group, by Service Related Group, and Remoteness Area, public hospitals, states and territories, 2003-04

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
82 Psychiatry	88	55	49	40	30	18	24	20	34	22	4	6	2	2	3	2	234	165
Major City	39	34	30	27	10	9	8	10	12	11	..	..	2	2	..	..	101	93
Regional	48	21	19	13	19	9	11	8	20	10	4	6	..	..	1	1	122	68
Remote	1	0	0	0	1	0	5	2	2	1	0	0	..	..	2	1	11	4
83 Non-acute psychiatry	7	14	15	20	4	10	4	9	2	2	0	0	0	0	0	0	32	55
Major City	6	9	10	12	3	4	4	8	2	2	..	..	0	0	..	..	25	35
Regional	1	4	5	8	1	6	0	1	0	0	0	0	..	..	0	0	7	19
Remote	0	1	0	0	0	0	0	0	0	0	0	0	..	..	0	0	0	1
84 Rehabilitation	67	85	29	38	24	32	10	16	10	13	3	4	2	2	2	2	147	192
Major City	39	43	17	20	12	13	9	10	6	8	..	..	2	2	..	..	85	96
Regional	28	42	12	18	11	18	1	6	4	5	3	4	..	..	1	1	60	94
Remote	0	0	0	0	1	1	0	0	0	0	0	0	..	..	1	1	2	2
85 Geriatric	3	8	30	35	3	4	1	1	0	0	0	0	0	0	1	1	38	49
Major City	2	3	18	18	1	1	1	1	0	0	..	..	0	0	..	..	22	23
Regional	1	5	12	17	2	3	0	0	0	0	0	0	..	..	1	1	16	26
86 Palliation	29	41	15	21	16	17	0	3	4	6	2	2	1	2	0	1	67	93
Major City	17	19	9	9	8	7	0	1	3	3	..	..	1	2	..	..	38	41
Regional	12	22	6	12	8	10	0	2	1	2	2	2	..	..	0	1	29	51
Remote	0	0	0	0	0	0	0	0	0	1	0	0	..	..	0	0	0	1
87 Maintenance	43	127	15	63	28	77	11	32	9	52	4	6	1	2	1	4	112	363
Major City	21	31	13	20	11	11	6	11	7	9	..	..	1	2	..	..	59	84
Regional	21	88	2	43	17	48	5	17	2	29	4	6	..	..	1	1	52	232
Remote	1	8	0	0	0	18	0	4	0	14	0	0	..	..	0	3	1	47
88 Psychogeriatric	1	10	5	12	1	1	5	7	0	1	0	0	0	0	0	0	12	31
Major City	1	7	4	9	1	1	5	7	0	0	..	..	0	0	..	..	11	24
Regional	0	3	1	3	0	0	0	0	0	0	0	0	..	..	0	0	1	6
Remote	0	0	0	0	0	0	0	0	0	1	0	0	..	..	0	0	0	1
99 Error	16	27	10	13	4	5	4	4	3	5	1	2	0	1	1	1	39	58
Major City	12	19	9	12	4	4	4	4	3	5	..	..	0	1	..	..	32	45
Regional	3	7	1	1	0	1	0	0	0	0	1	2	..	..	1	1	6	12
Remote	1	1	0	0	0	0	0	0	0	0	0	0	..	..	0	0	1	1

.. Not applicable

Note: Rows for regions with no apparent units are not shown

Appendix 6: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Groups (AR-DRG) cost weights and estimated average costs, as incorporated into tables in Chapters 2, 4, 7 and 12. It is a voluntary collection of hospital cost and activity data covering the financial year prior to the collection period, undertaken by the Department of Health and Ageing. Both public and private hospital data are included, with the results being separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2002–03 financial year (Round 7) (DoHA 2004).

In the 2002–03 collection, cost data were obtained for products other than acute admitted patients, such as outpatient care, emergency department care, admitted patient rehabilitation care, admitted patient palliative care, outreach/community, teaching and research. However, this report uses the cost data for acute admitted patients only, that is, for AR-DRGs version 4.2. (Cost weight data for 2003–04 for AR-DRGs version 4.2 were not available at the time of publication.)

The NHCDC involves arrangements whereby the hospital data are collected by the individual hospitals, and checked and validated by state/territory/private sector coordinators before being passed onto the department. The production and publication of the final cost weights and associated tables follows extensive quality assurance procedures undertaken by the department, and endorsement of the results by the states and territories.

The number of public hospitals included in the collection in 2002–03 was 204. Whilst the coverage of public hospitals was approximately 40.5% of total hospitals, the total number of separations was approximately 78.8% of the estimated total population of separations, because of the significant number of large teaching hospitals in the sample. A total of 113 private hospitals contributed to the collection, representing about 51% of all private hospitals and 65.1% of private hospital separations.

The participating hospitals include both patient costing and cost modelling sites. Cost modelling generally refers to a process where estimates of costs are produced at the level of each AR-DRG. The approach is 'top down' where costs from the hospitals' general ledgers are allocated down to acute admitted patients using a series of allocation statistics. Patient costing or clinical costing is a 'bottom up' approach where the costs of each service provided to an individual patient are measured or estimated so that the total cost of treating individual patients is obtained. The majority of participating hospitals are cost modelled sites.

The average cost per separation for 2002–03 was estimated at \$2,952 for public hospitals and \$2,396 for private hospitals. Both these estimates included estimates for depreciation.

Further information is provided in the NHCDC report for 2002–03 (DoHA 2004). Cost weights and associated tables for this round and the previous six rounds can be obtained from the Department of Health and Ageing or on the Casemix website at www.health.gov.au.

Appendix 7: *The state of our public hospitals, June 2005 report*

The state of our public hospitals, June 2005 report was published on 29 June 2005 by the Australian Government Department of Health and Ageing as a requirement of the Australian Health Care Agreements 2003–2008 between the Commonwealth and each of the states and territories. It presents information on hospital activity in Australia in 2003–04, and trends in hospital activity for the period 1998–99 to 2003–04, using data supplied to the Department by the states and territories, and some previously published data, including data in *Australian Hospital Statistics 2003–04*.

Some of the statistics presented in *The state of our public hospitals, June 2005 report* differ from those presented in *Australian Hospital Statistics 2003–04*. This is because the sources of data for the two reports are different (although they are both based largely on National Minimum Data Sets specified in the *National Health Data Dictionary*) and because some analysis methods differ between the two reports.

Data sources

As outlined in Chapter 1, most of the data in *Australian Hospital Statistics 2003–04* were provided to the Institute by the states and territories under the National Health Information Agreement. Most of the data in *The state of our public hospitals, June 2005 report* were provided to the Department by the states and territories under the Australian Health Care Agreements, 2003–2008.

Separation-based data on admitted patient care are collated by the Institute as the National Hospital Morbidity Database, and by the Department as National Hospital Morbidity (Casemix) Database. Although the Institute and the Department request the same data of the states and territories for these databases, they differ slightly for reasons such as later provision of data to the Institute than to the Department, and the provision of updates of the data to the Institute that were included in *Australian Hospital Statistics 2003–04* but not in *The state of our public hospitals, June 2005 report*. In addition, two hospitals in New South Wales were reported as public hospitals to the Institute and as private hospitals to the Department.

As is the case for data on admitted patient care, differences in the collection of data between the Institute's National Elective Surgery Waiting Times Data Collection and National Non-admitted Patient Emergency Department Care Database and the Department counterparts have arisen because of later provision of the data to the Institute than to the Department, and provision of updates of the data to the Institute that were not provided to and/or incorporated by the Department.

The Institute presented a greater coverage of data for emergency department waiting times and related data than the Department because it augmented the National Non-admitted Patient Emergency Department Care Database for some jurisdictions with additional aggregate data from the Emergency Department Waiting Times Data Collection provided for the National Public Hospital Establishments Database.

Analysis methods

Differences in analysis methods between *Australian Hospital Statistics 2003–04* and *The state of our public hospitals, June 2005 report* include the use of different methods to adjust data to facilitate comparisons between reporting years and between states and territories. In *Australian Hospital Statistics 2003–04*, population rates based on estimated resident populations are used, directly age-standardised where possible (see Appendix 3). In *The state of our public hospitals, June 2005 report* comparisons are undertaken using population numbers weighted by age and sex according to the expected hospital use of each age-sex group in the population. The statistics referenced to populations are therefore not comparable between the two reports.

For admitted patients, all analyses in *Australian Hospital Statistics 2003–04* (except in Tables 7.10 and 7.11) exclude episodes of *Newborn* care for which no qualified days were reported ('healthy newborns'), because they do not meet admission criteria for all purposes. They are included in some analyses of admitted patient care in *The state of our public hospitals, June 2005 report*, which therefore reports greater numbers of separations.

The categorisation of patients as 'public' or 'private' also differs between the two reports, and different methods have been used to undertake time series analyses accommodating changes in the way in which Medicare eligibility, patient election status and funding source have been reported over recent years. For 2003–04, in *Australian Hospital Statistics 2003–04* (see Chapter 7 and Appendix 3), the 'private' patient category consists of all patients for whom a private funding source was reported and others for whom 'Patient election status' was reported as 'private'. Patients for whom the funding source was compensation or the Department of Veterans' Affairs were included as private patients, but separately identified. For *The state of our public hospitals, June 2005 report*, 'private' patients included Medicare eligible patients for whom 'Patient election status' was reported as 'private'. Department of Veterans' Affairs patients and compensable patients were not included.

Minor differences may have also arisen because most of the AR-DRG-based analyses in *Australian Hospital Statistics 2003–04* are based on version 5.0, whereas they are based on version 4.2 in *The state of our public hospitals, June 2005 report*. Analyses may also be based on different categorisations of diagnoses or procedures.

There was also a minor difference between the two reports in the methods used to analyse the proportions of patients seen within the recommended time in emergency departments. The Department only included emergency presentation occasions of service whereas the Institute also included occasions of service for which the type of visit was not reported.

The two reports differ in respect of outpatient non-admitted patient occasions of service because of different aggregations of service types.

Different methods have also been used for the analysis of elective surgery waiting times data. The criteria used to define elective surgery admissions differ between the two reports. In *Australian Hospital Statistics 2003–04* elective surgery admissions are defined as the number of patients removed from waiting lists for admission as an elective patient for the awaited procedure. In *The state of our public hospitals, June 2005 report* patients removed from waiting lists for admission as an emergency patient for the awaited procedure are also included in the count of elective surgery admissions. Additionally, information on elective surgery waiting times is presented in *Australian Hospital Statistics 2003–04* disregarding the urgency category to which the patients had been assigned, whereas *The state of our public hospitals, June 2005 report* incorporates information on urgency category.

Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary* version 12 (NHDC 2003). Each definition contains an identification number from the METeOR Metadata Online Registry. 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), such as the NMDs which form the basis of this report. METeOR can be viewed on the AIHW website at <http://www.aihw.gov.au/>.

<i>Activity when injured</i>	The type of activity being undertaken by a person at the time of injury. METeOR identifier: 268950
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospitals</i>	See <i>Establishment type</i> .
<i>Additional diagnosis</i>	Conditions or complaints either co-existing with the principal diagnosis or arising during the episode of care. METeOR identifier: 270189
<i>Adjustment</i>	A summarising procedure for a statistical measure in which the effects of differences in composition of the populations being compared have been minimised by statistical methods.
<i>Administrative and clerical staff</i>	See <i>Full-time equivalent staff</i> .
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation). METeOR identifier: 270107
<i>Admitted patient</i>	A patient who undergoes a hospital's formal 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
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the in-patient fraction or IFRAC.
<i>Adverse event</i>	An incident in which harm resulted to a person receiving health care.
<i>Age standardisation</i>	A set of techniques used to remove as far as possible the effects of differences in age when comparing two or more populations.

<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .
<i>Arrival mode – transport</i>	The mode of transport by which the person arrives at the emergency department. METeOR identifier: 270000
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services. METeOR identifier: 270195
<i>Available beds</i>	Beds immediately available for use by admitted patients as required. METeOR identifier: 270133
<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of 1 day.
<i>Capital expenditure</i>	Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years). METeOR identifier: 270516
<i>Care type</i>	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 (other care). <i>Admitted patient care</i> consists of the following categories: <ul style="list-style-type: none"> • Acute care • Rehabilitation care • Palliative care • Geriatric evaluation and management • Psychogeriatric care • Maintenance care • Newborn care <i>Other care</i> Other care is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following: <ul style="list-style-type: none"> • Organ procurement – posthumous • Hospital boarder METeOR identifier: 270174
<i>Casemix</i>	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.
<i>Chronic</i>	Persistent and long lasting.

<i>Clinical urgency</i>	<p>A clinical assessment of the urgency with which a patient requires elective hospital care.</p> <p>METeOR identifier: 270008</p>
<i>Compensable patients</i>	<p>A compensable patient is an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.</p> <p>METeOR identifier: 270100</p>
<i>Cost weights</i>	<p>Cost weights represent 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. The cost weights used in this report are 2002–03 national public and private cost weights for AR-DRGs version 4.2.</p>
<i>Department of Veterans' Affairs patient</i>	<p>A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widow/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 Department of Veterans' Affairs.</p> <p>METeOR identifier: 270092</p>
<i>Departure status</i>	<p>The status of the patient at the end of the non-admitted patient emergency department occasion of service.</p> <p>METeOR identifier: 270001</p>
<i>Diagnosis related group (DRG)</i>	<p>A widely used type of casemix classification system, used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals Australian Refined DRGs (AR-DRGs) are used.</p> <p>METeOR identifier: 270195</p>
<i>Diagnostic and allied health professionals</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic and other staff</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic services expenditure</i>	<p>The cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs.</p> <p>METeOR identifier: 270283</p>
<i>Drug supplies expenditure</i>	<p>The cost of all drugs, including the cost of containers.</p> <p>METeOR identifier: 270282</p>

<i>Elective care</i>	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR identifier: 270589
<i>Elective surgery</i>	Elective care in which 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 and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. METeOR identifier: 270589
<i>Emergency department waiting time to service delivery</i>	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event. METeOR identifier: 270007
<i>Enrolled nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Episode of care</i>	The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>). METeOR identifier: 270174 (Care type) METeOR identifier: 268956 (Episode of admitted patient care)
<i>Error DRGs</i>	AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.
<i>Establishment type</i>	Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. Establishment types include: <ul style="list-style-type: none"> • Acute care hospitals • Psychiatric hospitals • Alcohol and drug treatment centres • Hospices METeOR identifier: 269971
<i>External cause</i>	The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect. METeOR identifier: 268945

<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable).</p> <p>Staffing categories include:</p> <ul style="list-style-type: none"> • Salaried medical officers • Registered nurses • Enrolled nurses • Student nurses • Other personal care staff • Diagnostic and allied health professionals • Administrative and clerical staff • Domestic and other staff <p>METeOR identifier: 270543</p>
<i>Funding source for hospital patient</i>	<p>Expected principal source of funds for an admitted patient episode or non-admitted patient service event.</p> <p>METeOR identifier: 270103</p>
<i>Geriatric evaluation and management</i>	<p>See <i>Care type</i>.</p>
<i>Group session</i>	<p>A group service is defined as a service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual.</p> <p>METeOR identifier: 270368, 270479-270491</p>
<i>HASAC (Health and Allied Services Advisory Council ratio)</i>	<p>For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by HASAC (see Appendix 3: Technical notes).</p>
<i>Hospice</i>	<p>See <i>Establishment type</i>.</p>
<i>Hospital</i>	<p>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.</p> <p>METeOR identifier: 268971</p>
<i>Hospital boarder</i>	<p>See <i>Care type</i>.</p>
<i>Hospital in the home care</i>	<p>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.</p> <p>METeOR identifier: 270305</p>

<i>IFRAC (Inpatient fraction)</i>	A measure used to calculate the cost per casemix adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion ratio (see Appendix 3: Technical notes).
<i>Indicator procedure</i>	An indicator procedure is 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 waiting time for these in particular areas of elective care provision. METeOR identifier: 269991
<i>Indigenous status</i>	Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives. METeOR identifier: 270157
<i>Inpatient</i>	Another term for admitted patient. METeOR identifier: 268957
<i>Interactive data cubes</i>	A data cube is a multidimensional representation of data which provides fast retrieval and drill down facilities.
<i>International Classification of Diseases (ICD)</i>	The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th Revision, Australian Modifications (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.
<i>Inter-hospital contracted care</i>	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 (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals. METeOR identifier: 270409
<i>Length of stay</i>	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 one day. METeOR identifier: 269982
<i>Licensed bed</i>	A bed in a private hospital, licensed by the relevant state or territory health authority.
<i>Maintenance care</i>	See <i>Care type</i> .
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body. METeOR identifier: 270400
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. METeOR identifier: 270358

<i>National Health Data Dictionary (NHDD)</i>	A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.
<i>Mode of admission</i>	Describes the mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976
<i>Mode of separation</i>	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable). METeOR identifier: 270094
<i>Newborn care</i>	See <i>Care type</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service. METeOR identifier: 270506
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital. METeOR identifier: 268973
<i>Number of days of hospital-in-the-home care</i>	The number of hospital-in-the-home days occurring within an episode of care for an admitted patient. METeOR identifier: 270305
<i>Outpatient</i>	Another term for non-admitted patient. METeOR identifier: 268973
<i>Occasion of service</i>	Non-admitted patient occasion of service
<i>Organ procurement-posthumous</i>	See <i>Care type</i> .
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. METeOR identifier: 270126
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 270128
<i>Overnight-stay patients</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of one night, i.e. who is admitted to and separated from the hospital on different dates.
<i>Palliative care</i>	See <i>Care type</i> .

<i>Patient days</i>	The total number of days for 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 one patient day METeOR identifier: 270045
<i>Patient election status</i>	Accommodation chargeable status elected by patient on admission. The categories are: <ul style="list-style-type: none"> • Public (receives public hospital services free of charge) • Private (does not receive hospital services free of charge) METeOR identifier: 270044
<i>Patient presentation to emergency department</i>	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged. METeOR identifier: 270393
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 270047
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. METeOR identifier: 270048
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis. METeOR identifier: 270049
<i>Peer group</i>	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
<i>Percentile</i>	Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.
<i>Performance indicator</i>	A statistic or other unit of information that reflects, directly or indirectly the extent to which an anticipated outcome is achieved or the quality of processes leading to that outcome.
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 268948
<i>Potentially preventable hospitalisation (selected)</i>	Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.
<i>Pre-MDC (Pre-Major Diagnostic Category)</i>	Twelve AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involved procedures that are particularly resource intensive (transplants, tracheostomies or extracorporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. METeOR identifier: 270187

<i>Private hospital</i>	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 <i>Establishment type</i> .
<i>Private patient</i>	A patient admitted to a hospital who decides to choose the doctor(s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation.
<i>Procedure</i>	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 only available in the acute care setting. METeOR identifier: 269932
<i>Psychogeriatric care</i>	See <i>Care type</i> .
<i>Public hospital</i>	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
<i>Public patient</i>	A patient admitted to a hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared accommodation. This means the patient is not charged.
<i>Qualified days</i>	The number of days of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are nine days old or less. A newborn day is acute (qualified) when a newborn meets at least one of the following criteria: <ul style="list-style-type: none"> • Is the second or subsequent live born infant of a multiple birth, whose mother is currently and admitted patient; • Is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care; • Remains in hospital without its mother; or • Is admitted to the hospital without its mother. METeOR identifier: 268957 (Admitted patient) <i>and</i> METeOR identifier: 270033 (Newborn qualification status)
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This includes income from provision of meals and accommodation to hospital staff, income from the use of hospital facilities for private practice and some recoveries relating to inter-hospital services. METeOR identifier: 269974
<i>Recurrent expenditure</i>	Expenditure on goods and services which are used up during the year, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. METeOR identifier: 269132

<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative stay index (RSI)</i>	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than one indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than one indicates that the number of patient days used was less than would have been expected. See Appendix 3 for further information.
<i>Remoteness Area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, 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.</p> <p>The categories are:</p> <ul style="list-style-type: none"> • Major cities • Inner regional • Outer regional • Remote • Very remote • Migratory.
<i>Removal from waiting list</i>	<p>The reason why a patient is removed from an elective surgery waiting list. The reason for removal categories are:</p> <ol style="list-style-type: none"> 1 Admitted as an elective patient for awaited procedure in this hospital or another hospital 2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital 3 Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) 4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list 5 Surgery not required or declined 6 Transferred to another hospital's waiting list 9 Not known <p>METeOR identifier: 269959</p>
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works.</p> <p>METeOR identifier: 269970</p>
<i>Salaried medical officers</i>	See <i>Full-time equivalent staff</i> .

<i>Same day patients</i>	Same day patients are admitted patients who are admitted and separate on the same date.
<i>Separation</i>	The term used to refer 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 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.
<i>Separation rate ratio</i>	The separation rate for one population divided by the separation rate of another.
<i>Separations</i>	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
<i>Service Related Group (SRG)</i>	A classification based on Australian Refined Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.
<i>Specialised service</i>	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, for example, an intensive care unit. METeOR identifier: 269612
<i>Superannuation employer contributions</i>	Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority. METeOR identifier: 270371
<i>Surgical procedure</i>	A procedure used to define surgical Australian-Refined Diagnosis Related Groups version 5.0 (DoHA 2002).
<i>Surgical specialty</i>	The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146
<i>Triage category</i>	The triage classification is used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients will be triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner. METeOR identifier: 270078

<i>Type of non-admitted patient occasion of service</i>	<p>A broad classification of services provided to non-admitted patients, services include emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/ diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing, and other outreach.</p> <p>METeOR identifier: 269119 (Occasions of service)</p> <p>METeOR identifier: 270395, 270502-270514 (Type of non-admitted patient occasion of service)</p>
<i>Visiting medical officer</i>	<p>A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.</p> <p>METeOR identifier: 270049</p>
<i>Waiting time at admission</i>	<p>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.</p> <p>METeOR identifier: 269477</p>

References

- ABS (Australian Bureau of Statistics) 2004a. Private hospitals Australia 2002–03. Cat. no. 4390.0. Canberra: ABS.
- ABS 2004b. Census of population and housing: socio-economic indexes for areas (SEIFA), Australia – technical paper. ABS cat. No. 2039.0.55.001. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 1997a. Australian hospital statistics, 1993–95: an overview. AIHW cat. no. HSE 2. Canberra: AIHW (Health Services Series no. 9).
- AIHW 1997b. Australian hospital statistics 1995–96. Canberra: AIHW (Health Services Series no. 10).
- AIHW 1998. Australian hospital statistics 1996–97. AIHW cat. no. HSE 5. Canberra: AIHW (Health Services Series no. 11).
- AIHW 1999. Australian hospital statistics, 1997–98. AIHW cat. no. HSE 6. Canberra: AIHW (Health Services Series no. 12).
- AIHW 2000. Australian hospital statistics 1998–99. AIHW cat. no. HSE 11. Canberra: AIHW (Health Services Series no. 15).
- AIHW 2001a. Australian hospital statistics, 1999–00. AIHW cat. no. HSE 14. Canberra: AIHW (Health Services Series no. 17).
- AIHW 2001b. Expenditures on health services for Aboriginal and Torres Strait Islander people 1998–99. AIHW cat. no. IHW 7. Canberra: Australian Institute of Health and Welfare and Commonwealth Department of Health and Aged Care.
- AIHW 2002. Australian hospital statistics, 2000–01. AIHW cat. no. HSE 20. Canberra: AIHW (Health Services Series no. 19).
- AIHW 2003. Australian hospital statistics, 2001–02. AIHW cat. no. HSE 25. Canberra: AIHW (Health Services Series no. 20).
- AIHW 2004a. Australian hospital statistics 2002–03. AIHW cat. no. HSE 32. Canberra: AIHW (Health Services Series no. 22).
- AIHW 2004b. Health expenditure Australia 2002–03. AIHW cat. no. HWE 27. Canberra: AIHW (Health and Welfare Expenditure Series no. 20).
- AIHW 2005. Mental health services in Australia 2002–03. Canberra: AIHW (Mental Health Series no. 6).
- Department of Human Services Victoria 2002. The Victorian ambulatory care sensitive conditions study: opportunities for targeting public health and health services interventions. Melbourne: Rural and Regional Health and Aged Care Services Division, December.
- DHAC (Department of Health and Aged Care) 2000. Australian refined diagnosis related groups, version 4.2. Canberra: DHAC.
- DoHA (Department of Health and Ageing) 2002. Australian refined diagnosis related groups, version 5.0. Canberra: DoHA.
- DoHA 2004. National hospital cost data collection cost report round 7, 2002–03. Canberra: DoHA.

NCCH (National Centre for Classification in Health) 2002. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM). Third edition. Sydney: University of Sydney.

NCCH 2004. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM). Fourth edition. Sydney: University of Sydney.

NHDC (National Health Data Committee) 2000. National health data dictionary, version 9.0. AIHW cat. no. HWI 24. Canberra: AIHW.

NHDC 2003. National health data dictionary, version 12. AIHW cat. no. HWI 76. Canberra: AIHW.

NHMBWG (National Health Ministers' Benchmarking working Group) 1998. Second national report on health sector performance indicators. Canberra; Department of Health and Family Services.

NHMBWG 1999. Third national report on health sector performance indicators. Canberra: Department of Health and Family Services.

NHPC (National Health Performance Committee) 2001. National report on health sector performance indicators 2001 – a report to the Australian Health Ministers' Conference. Sydney: NSW Health Department.

NHPC 2004. National report on health sector performance indicators 2003. AIHW cat. no. HWI 78. Canberra: AIHW.

OECD (Organisation for Economic Co-operation and Development) 2004. OECD health data 2004: comparative analysis of 30 countries (CD-ROM). Paris: OECD.

SCRGSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2005. Report on government services 2005. Canberra: Productivity Commission.

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