

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.