

# Appendix 7: *The state of our public hospitals, June 2006 report*

*The state of our public hospitals, June 2006 report* was published on 3 July 2006 by the Australian Government Department of Health and Ageing. It presents information on hospital activity in Australia in 2004–05, and trends in hospital activity for the period 1998–99 to 2004–05, using data supplied to the Department by the states and territories, and some previously published data, including data from the Institute.

Some statistics in *The state of our public hospitals, June 2006 report* differ from those in *Australian hospital statistics 2004–05*. The sources of data for the two reports are different although both are based largely on National Minimum Data Sets specified in the *National health data dictionary*. In addition, some methods of analysis differ between the two reports.

## Data sources

Separation-based data on admitted patient care are collated by the AIHW as the National Hospital Morbidity Database, and by the Department as National Hospital Morbidity (Casemix) Database. Although the states and territories submit the same data for these databases, differences occur through the timing of the supply of the data. Typically, the AIHW receives some updates of data for inclusion in *Australian hospital statistics 2004–05* after the cut-off date for production of *The state of our public hospitals, June 2006 report*.

Similar timing difficulties occur in relation to the AIHW's National Public Hospitals Establishment Database, National Elective Surgery Waiting Times Data Collection and National Non-admitted Patient Emergency Department Care Database and the corresponding databases held by the Department.

## Analysis methods

The AIHW and the Department use different methods to adjust data to make comparisons between reporting years and between states and territories. The AIHW uses population rates based on estimated resident populations, directly age-standardised where possible (see Appendix 3). The Department uses 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.

The categorisation of patients as 'public' or 'private' differs between the two reports, and different methods have been used to undertake time series analyses. Patients for whom the funding source was compensation or the Department of Veterans' Affairs were included as private patients in *Australian hospital statistics 2004–05* but were separately identified. For *The state of our public hospitals, June 2006 report*, Department of Veterans' Affairs patients and compensable patients were categorised as 'other' patients.

A public patient as defined by the AIHW includes patients whose funding source was reported as Australian Health Care Agreements or reciprocal health care agreements. Such patients may have reported an 'Admitted patient election status' of private. In addition it

includes patients whose funding source was reported as Other hospital or public authority, Other or Not known and who reported an 'Admitted patient election status' of public.

For *The state of our public hospitals, June 2006 report*, public patients are defined as those patients for whom 'Patient election status' was reported as 'public'. As noted above it excludes Department of Veterans' Affairs and compensable patients who were categorised as 'other' patients.

The numbers of public and private patients reported in the two collections will differ even after an adjustment for the differing treatment of Department of Veterans' Affairs and compensable patients. The difficulty is that a patient, on admission, may elect to be treated as a public patient (and be reported as such in the Department's statistics) but may subsequently choose to be treated as a private patient, which will be reflected in the Funding source reported for the separation (and thus will be reflected as a private patient such in the AIHW statistics). Conversely, a patient may initially choose to be regarded as a private patient but may be treated as a public patient.

*The state of our public hospitals, June 2006 report* limits reporting of emergency department presentations to those reported in the non-admitted patient emergency department collection while AIHW also provides separate data on all accident and emergency occasions of service. 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 AIHW also included occasions of service for which the type of visit was not reported and excluded records for patients who did not wait or were dead on arrival.

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. Information on elective surgery waiting times is presented in *Australian hospital statistics 2004-05* disregarding the urgency category to which the patients had been assigned, whereas *The state of our public hospitals, June 2006 report* incorporates information on urgency category.