

2. Public hospitals in Australia

Introduction

The material in this chapter provides a national overview of public hospitals in Australia based on data extracted from the National Public Hospital Establishments Database. The tables present key aggregate data for each of the States and Territories for the 1995–96 financial year.

The National Public Hospital Establishments Database at the Institute includes data on all public hospitals operated by the State and Territory health authorities and the Department of Veterans' Affairs. These include acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals. The Database does not include information on private hospitals, and excludes some hospitals not within the jurisdiction of the State and Territory health authorities (such as those run by corrections authorities and those in off-shore Territories).

The State and Territory health authorities and the Department of Veterans' Affairs provided data in an electronic format from their administrative data collections. The variables for the collection mainly corresponded to the system- and establishment-level data items in the National Minimum Data Set for Institutional Health Care and are defined in the *National Health Data Dictionary*.

Extensive validation processes were undertaken, involving the data providers in each State and Territory, to ensure data quality. Nevertheless, the collection has some limitations. For example, some of the States and Territories were unable to supply data for all variables for all hospitals. This resulted in discrepancies between column sub-totals or totals and the sum of the categories in some tables. The figures in some tables for Tasmania appear low in comparison to previous years because of the transfer of one part of a major public hospital to the private sector in July 1995.

The *Total* column in each table in this Chapter contains row totals.

Overview and qualifications

Hospital resources

Tables 2.1 and 2.2 include information on hospital staff and available hospital resources. Data on hospital staff are presented as the average number of full time equivalent staff for the year 1995–96, and are reported in the categories of *Salaried medical officers*, *Nursing staff*, *Other personal care staff*, *Diagnostic and allied health professionals*, *Administrative and clerical staff* and *Domestic and other staff*.

Data on nursing staff for Victoria, Western Australia and Tasmania were only able to be provided as a total, not categorised by nurse type. In Queensland, many facilities were unable to provide a split between registered and enrolled nurses and the data presented for the categories are therefore estimates only. The *Domestic and other staff* and *Other personal care staff* categories overlap in Queensland because an employee may perform different functions on different days. The data reported for these two categories are therefore estimates only for this State.

Other hospital resources data presented are the number of hospitals, average available beds and specialised services offered in each State and Territory.

The data on specialised services for Queensland should be treated with caution as there were some inconsistencies in the interpretation of the definitions.

Hospital expenditure and revenue

Tables 2.3 and 2.4 include expenditure on salaries and wages, non-salary expenditure and revenue. Salaries and wages are categorised by staffing category. Non-salary expenditure included payments to visiting medical officers, expenditure for medical and surgical supplies, drug supplies and other expenditure on non-medical services such as for repairs and maintenance. Also included in Table 2.3 is the admitted patient cost proportion. Known as the inpatient fraction (IFRAC), this is an estimate of the costs associated with admitted patients, and is expressed as the ratio of admitted patient costs to total hospital costs. Values were provided at a hospital level, and an average for each State and Territory, weighted by total hospital expenditure, was calculated by the Institute. For Queensland, only estimates were provided for this item.

Expenditure of a capital nature is not provided consistently to the Institute by all providers and is therefore not presented here. Similarly, because depreciation is not treated uniformly by all States and Territories, data for this item were not requested. Where depreciation data were provided by States and Territories for this collection they were excluded from the tables. It is anticipated that as health authorities move to accrual accounting, depreciation will be uniformly treated and collected.

Revenue data are presented categorised as patient revenue, recoveries and other revenues. In the data provided by Queensland *Patient revenue* included revenue from items such as pharmacy and ambulance which could be considered *Recoveries*. Payments direct to Queensland Health such as contributions by the Workers' Compensation Board and the Department of Veterans' Affairs were not included.

Hospital services

Tables 2.5 and 2.6 include information on the total number of separations and patient days by type of admitted patient episode. Table 2.7 includes information on the total number of patient days by charging status, and the numbers of non-admitted patient occasions of service are shown in Table 2.8 by service type.

Unlike collections for previous years, separations and patient days data for psychiatric and drug and alcohol hospitals were not specifically requested by the Institute for the 1995–96 Database. Because of this, these data were not provided by Queensland.

Data for New South Wales should be treated with some caution because of data quality issues. The categories used by New South Wales to group non-admitted patient occasions of service differed from those in the *National Health Data Dictionary*; the Institute mapped these data to the reported categories in consultation with the data provider. In Queensland, occasions of service for *Community health services*, *District nursing services* and *Other outreach services* are thought to have been under-reported, and day program attendances were not included for psychiatric and drug and alcohol hospitals. The quality of non-admitted patient data for South Australia was not as high as that of other data. This was, in part, a result of incompatibility between categories requested by the Institute and the South Australian categories. In particular, the service classifications of *Dialysis*, *Pathology*, *Endoscopy and related procedures*, *Alcohol and drug*, *Pharmacy* and *Community health services* may have been included under *Other medical/surgical*. *District nursing services* may have been included under *Other outreach services*.