

3. Admitted patients in Australian hospitals—overview

Introduction

The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity systems in public and private hospitals. Almost all hospitals in Australia are included. The exceptions are public hospitals not within the jurisdiction of a State or Territory health authority or the Department of Veterans' Affairs (that is, hospitals operated by the Department of Defence, for example, and hospitals located in off-shore Territories). In addition, data were not able to be supplied for 1995–96 for the one private hospital in the Northern Territory, the private free-standing day hospital facilities in the Australian Capital Territory and the public psychiatric hospitals in Queensland.

The data supplied for the Database were based on the patient-level data items of the National Minimum Data Set for Institutional Health Care, as defined in the *National Health Data Dictionary*. A process of validation of the Database was jointly undertaken by the Institute and the data providers to ensure data quality. When data were supplied using non-standard definitions or classifications, the Institute mapped them to the *National Health Data Dictionary* definitions, where possible, in collaboration with the data providers. In addition, as records for separations of unqualified neonates were not supplied by some data providers, those records supplied by other data providers were removed from the Database by the Institute, in consultation with the data providers. Boarders were not within the scope of the collection, as they are not admitted patients, so records for them were similarly removed from the Database.

This chapter presents summary statistics on separations, patient days and average length of stay by type of hospital, year of separation and State and Territory. Table 3.1 reports the available national statistics for the years 1991–92 to 1995–96 and Table 3.2 reports the statistics for 1995–96 by State and Territory.

Records for 1995–96 are for hospital separations (discharges, transfers, deaths or changes in type of episode of care) in the period 1 July 1995 to 30 June 1996. Separations for patients who were admitted on any date before 1 July 1996 are included, provided that they also separated between 1 July 1995 and 30 June 1996. 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.

It should be noted that, although data on hospitalisations can reflect an aspect of the burden of disease in the community, they do not usually provide measures of the incidence of conditions. This is because the number and pattern of hospitalisations can be affected by differing admission practices, differing levels and patterns of service provision and multiple admissions for some chronic conditions, in addition to the differing patterns of morbidity in the population.

Highlights

Separations

There were 5,175,937 separations reported from public and private acute and psychiatric hospitals in 1995–96. With public psychiatric hospitals excluded (because they were included in the Database for the first time in 1995–96), there were 5,151,094 separations, an increase of 5.1% compared with 1994–95, and a continuation of the trend of increasing numbers of separations over the last few years (Table 3.1). Public acute hospital separations increased by 3.8% and there was a 8.1% increase in the private sector.

Public patient separations comprised 83% of public acute hospital separations, an increase over the 79% reported in 1994–95 and the 78% reported in 1993–94. Complementary to this, there was a decrease in private patient separations in public acute hospitals.

The crude separation rate per 1,000 population increased by 2.4% between 1994–95 and 1995–96 for public acute hospitals and by 6.7% for private hospitals (Figure 3.1). The age-standardised separation rates for all hospitals (excluding public psychiatric hospitals) similarly rose between 1994–95 and 1995–96 (by 3.6%).

Among the States and Territories, the Northern Territory reported the highest crude public acute hospital separation rate in 1995–96 (260.1 per 1,000 population; Table 3.2) and Tasmania reported the lowest (152.1 per 1,000 population). Private hospital separation rates ranged from 45.3 per 1,000 population in the Australian Capital Territory (for which not all same day facilities were included in the Database) to 111.6 per 1,000 population in Tasmania. For all hospitals combined, South Australia reported the highest crude separation rate (313.6 per 1,000 population) but the Northern Territory reported the highest age-standardised separation rate (308.4 per 1,000 population), despite not reporting private hospital separations.

The crude population separation rate for public patients in public acute hospitals was higher in 1995–96 compared with 1993–94 and 1994–95, but lower for private patients. The Northern Territory reported the highest public patient separation rate in 1995–96 (246.9 per 1,000 population) and New South Wales reported the highest private patient rate (29.8 per 1,000 population).

Same day separations

There has been a trend over recent years for a higher proportion of admitted patients to be treated on a same day basis, reflecting changing medical practice, efforts to increase hospital productivity and changes in the availability of private health insurance benefits for same day patients (Australian Institute of Health and Welfare 1996c). In chapters 3 to 9, same day separations have been distinguished from other separations to illustrate the proportions of total separations which they represent, and also to demonstrate the effect on average lengths of stay of classifying this type of hospital care as admissions. In most countries of the Organisation for Economic Cooperation and Development (OECD), same day patients are not admitted and reported average lengths of stay are therefore longer than those calculated for Australia (Australian Institute of Health and Welfare 1996c).

Same day patients are admitted and separated on the same date. In 1995–96, separations for these patients continued to increase as a proportion of total acute hospital separations compared with recent years. In 1995–96, 2,192,332 separations were on a same day basis. These separations comprised 42.5% of public acute and private hospital separations overall, 39.7% of public acute hospital separations and 48.9% of private hospital separations.

Patient days

In contrast with the larger increases in separations, there was only a 0.2% increase in patient days in public acute hospitals in 1995–96 compared with 1994–95, and fewer than reported in 1993–94. There was, however, a 4.3% increase in public patient days, to account for 81.0% of total public acute hospital patient days. Private hospital patient days increased by 9.0% and patient days for public acute and private hospitals combined increased by 2.4%.

The number of patient days per 1,000 population in 1995–96 rose by 1.0% for public acute and private hospitals combined compared with 1994–95. Public acute hospital patient days per 1,000 fell by 1.1%, with those for private hospitals increasing by 7.6%. In public acute hospitals, public patient days per 1,000 population rose by 3.0% nationally and private patient days fell by 14.6% compared with 1994–95.

Of the States and Territories, New South Wales reported the highest number of patient days per 1,000 population for public acute hospitals in 1995–96 (1058.8 per 1,000 population) and the Australian Capital Territory reported the lowest (760.9 per 1,000 population). The highest crude population rate for patient days in private hospitals was reported by Queensland (455.3 per 1,000 population).

Average length of stay

The average length of stay for public acute and private hospitals combined was 4.3 days, a reduction from 4.5 in 1994–95 and a continuation of the trend apparent over the last few years (Figure 3.2). For public acute hospitals, there was a decrease from 4.8 days in 1994–95 to 4.6 days in 1995–96, and decreases for both public and private patients. For private hospitals, the average length of stay was 3.7 days in 1995–96, as for the previous year. Tasmania reported the longest average length of stay for public acute hospitals (5.3 days) and Queensland reported the longest for private hospitals (4.3 days).

With same day separations excluded (as is the practice in most OECD countries), the average length of stay for 1995–96 was the same as in 1994–95 for public acute hospitals but longer for private hospital patients. In public acute hospitals it was 7.0 days and in private hospitals it was 6.4 days. These figures are within the range of those reported for 1995 average lengths of stay for acute care for other OECD countries (OECD 1997).

Public psychiatric hospitals

Public psychiatric hospitals have been included in the National Hospital Morbidity Database for the first time in 1995–96, with data incorporated for New South Wales, Victoria, Tasmania, Western Australia and South Australia. The number of patient days was not able to be supplied for the Victorian public psychiatric hospitals (as leave days could not be distinguished), so the separations for these hospitals have been excluded in the calculation of average lengths of stay reported in this chapter and elsewhere in this report. Queensland was unable to supply data for its public psychiatric hospitals and the Northern Territory and the Australian Capital Territory do not have public psychiatric hospitals.

The separations reported for these non-acute hospitals comprised 0.5% of the total separations reported for the year. There were 24,843 public psychiatric hospital separations in 1995–96 (Table 3.2), with crude separation rates ranging from 1.0 per 1,000 population in Tasmania to 3.0 per 1,000 population in South Australia. Same day separations accounted for 5.5% of the separations overall, ranging from 1.3% in Tasmania to 8.6% in Victoria.

Public psychiatric hospitals accounted for 4.1% of the patient days for the year; 948,433 patient days were reported, at a rate of 91.8 per 1,000 population (excluding non-reporting States). Population rates ranged from 74.7 patient days per 1,000 population in New South Wales to 261.4 per 1,000 in Tasmania. Average length of stay overall was 52.1 days for all separations and 56.3 days for non-same day separations.

Whilst separations from public psychiatric hospitals have been included in the Database for the first time in 1995–96, it is likely that the proportion of all separations from public psychiatric beds (in acute and psychiatric hospitals combined) that has been included in the Database has progressively increased over the last few years (as has the number of separations for the *Mental disorders* principal diagnosis group). This is because the implementation of the National Mental Health Strategy has resulted in a reduction in the number of beds in public psychiatric hospitals and an increase in psychiatric beds in public acute hospitals since 1992–93 (Commonwealth of Australia 1996).

Separations or patient days per 1,000 population

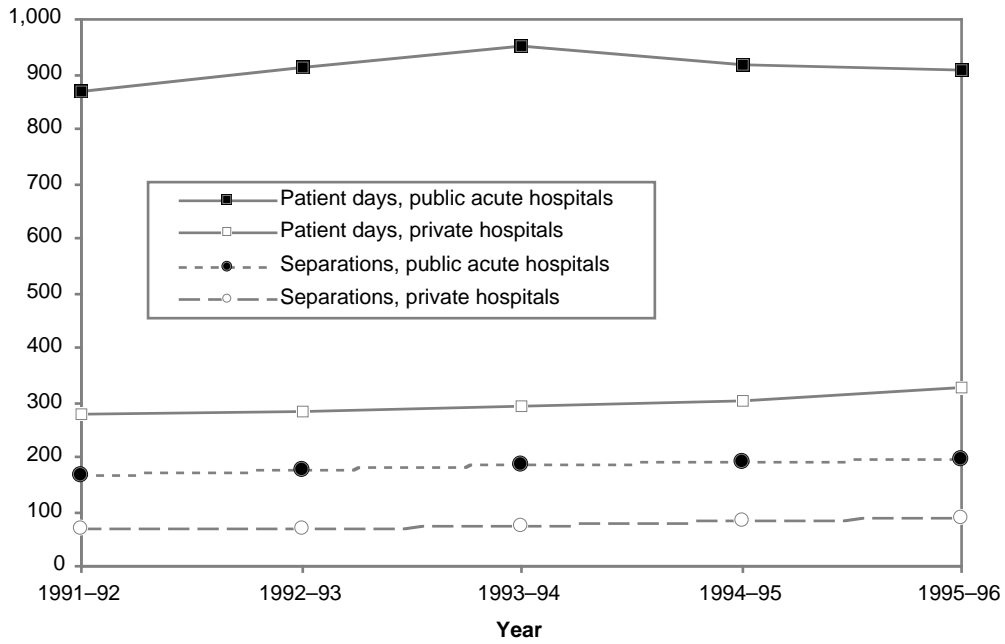


Figure 3.1: Separations and patient days per 1,000 population for public acute and private hospitals, Australia, 1991-92 to 1995-96

Average length of stay (days)

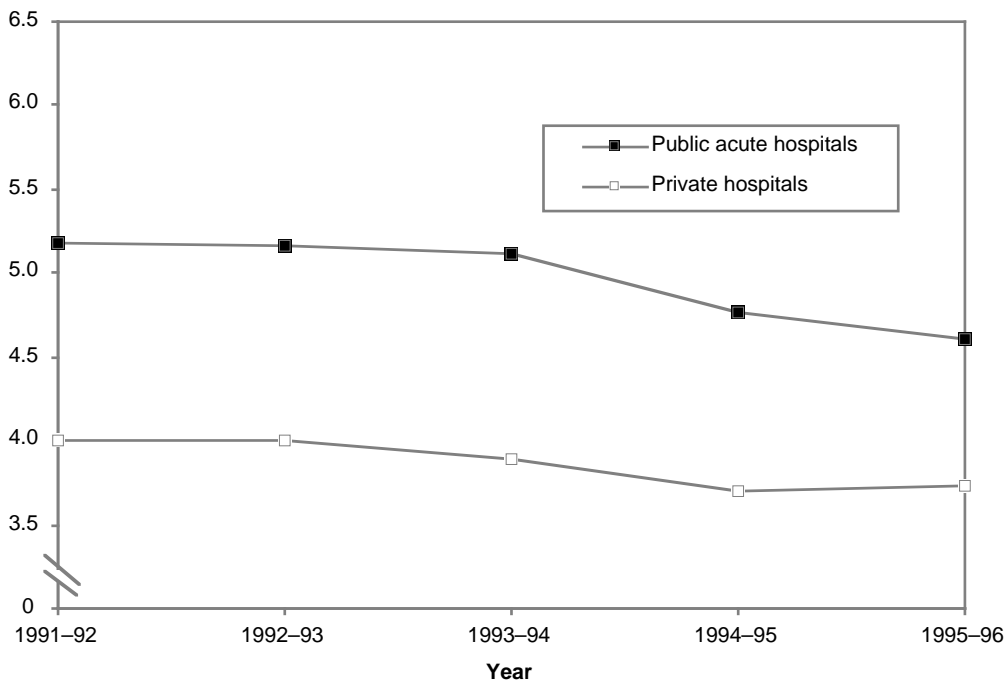


Figure 3.2: Average length of stay for public acute and private hospitals, Australia, 1991-92 to 1995-96