

4. Demographic profile of admitted patients

Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 1995–96.

Data on the sex of each patient was reported to the Database as male, female, indeterminate or not stated/inadequately described. The 101 separations for patients who were not reported as male or female are included in the rows for persons in the tables in this chapter.

Most States and Territories supplied the date of birth of the patient for the Database, in which case the Institute calculated the age of the patient by subtracting the date of birth from the date of admission. The exceptions were Queensland and South Australia which supplied the age group for each patient.

Separations categorised by age group and sex are presented by State and Territory in separate tables for public and private hospitals (Tables 4.1 and 4.2). Information on patient days is presented in a similar manner (Tables 4.3 and 4.4).

The national data are also presented as age group and sex-specific rates per 1,000 population in graphical form (Figures 4.1 to 4.4). Average length of stay information by age group and sex is also presented graphically in Figures 4.5 and 4.6.

The final table in this chapter shows separations by reported Indigenous status and State and Territory.

Highlights

Sex

Females accounted for higher proportions of separations than males, 53% of total separations in public hospitals and 56% in private hospitals. Females dominated mainly in the child-bearing age group (15 to 44 years). In both public and private hospitals, there were more separations for females than males in that age range, but also in the 45 to 54 years and the 75 years and over age groups (Tables 4.1 and 4.2). Separations per 1,000 population were similarly higher for females than males in those age groups, for both hospital sectors (Figures 4.1 and 4.2).

Females also accounted for more patient days than males in both public and private hospitals (Tables 4.3 and 4.4). In public hospitals, they accounted for 54% of patient days, and for more patient days in both the 15 to 44 years and the 65 years and over age groups. In private hospitals, they accounted for 61% of patient days and dominated all age groups from 15 years and over. Similar patterns were evident in the number of patient days reported per 1,000 population for public and private hospitals (Figures 4.3 and 4.4).

Age

Separations peaked in two age groups in public hospitals. The first was in the 25 to 34 years age group, the age group most commonly reported for female patients. The second was the 65 to 74 years age group, which was most commonly reported for males. The pattern of separations per 1,000 population also had two peaks, for the under 1 year age group and the over 75 year age group. The highest numbers of patient days were reported for females in the 25 to 34 years and the 65 years and over age groups, and for males in the 55 years and over age group. Average length of stay had peaks in the under 1 year and the 65 years and over age groups.

In private hospitals, the main peak for separations was in the 65 to 74 years age group, reflecting the most commonly reported age group for male patients, and there was a smaller peak in the 45 to 54 years age group. The population separation rates were highest for the older age groups. Patients in the 65 years and over age group accounted for the most patient days, and had the highest number of separations per 1,000 population. As for public hospitals, average length of stay was longest for the very young and for older patients.

In both sectors combined, the population aged 65 years and over accounted for a high proportion of admitted patient activity. This population, which comprised 12% of the total Australian population, accounted for 1.5 million separations (30% of the total) and 11 million patient days (48%). There were 706 separations per 1,000 population for this age group compared with an overall rate of 285 for the total population. The average length of stay for these patients was 7.3 days, compared with 4.5 days for all patients.

Indigenous status

Table 4.5 presents the data reported on Indigenous status by State and Territory. It also includes the number of separations for Indigenous patients per 1,000 Indigenous population, calculated using the medium series of projections of the Aboriginal and Torres Strait Islander population of each State and Territory for 30 June 1995 (Australian Bureau of Statistics 1996b) (Appendix).

The data on Indigenous status were supplied by most data providers categorised as *Aboriginal or Torres Strait Islander* or *Other* (as specified in the *National Health Data Dictionary* Version 4.0), but some also used the category *Not reported*. It is possible that some data providers may have included separations for which Indigenous status was unknown in the *Other* category and that patients could have been otherwise misclassified. The data should therefore be interpreted cautiously.

There were 137,134 separations for patients reported to be Aboriginal or Torres Strait Islander, mainly in Queensland, Western Australia, New South Wales and the Northern Territory. Overall, there were 440 separations for Indigenous patients reported per 1,000 Indigenous population for Australia. This was markedly higher than the corresponding figure for the general population of 285 per 1,000.

Western Australia, Queensland and South Australia reported similar numbers of Indigenous separations per 1,000 Indigenous population (all about 500 separations per 1,000 population) and the Northern Territory reported a similar rate although its private hospital was not included. New South Wales and Victoria both reported fewer, about 300 separations per 1,000 population. The Australian Capital Territory and Tasmania, in particular, reported markedly lower Indigenous separation rates.

This variation in the number of Indigenous separations per 1,000 Indigenous population could indicate either that, among the States and Territories, there is variation in the proportion of Indigenous persons which are identified as such in the morbidity data collections and/or in the total population, and/or there is variation in the hospitalisation rates for Indigenous persons. These Indigenous separation rate data should therefore also be interpreted with care.

Separations per 1,000 population

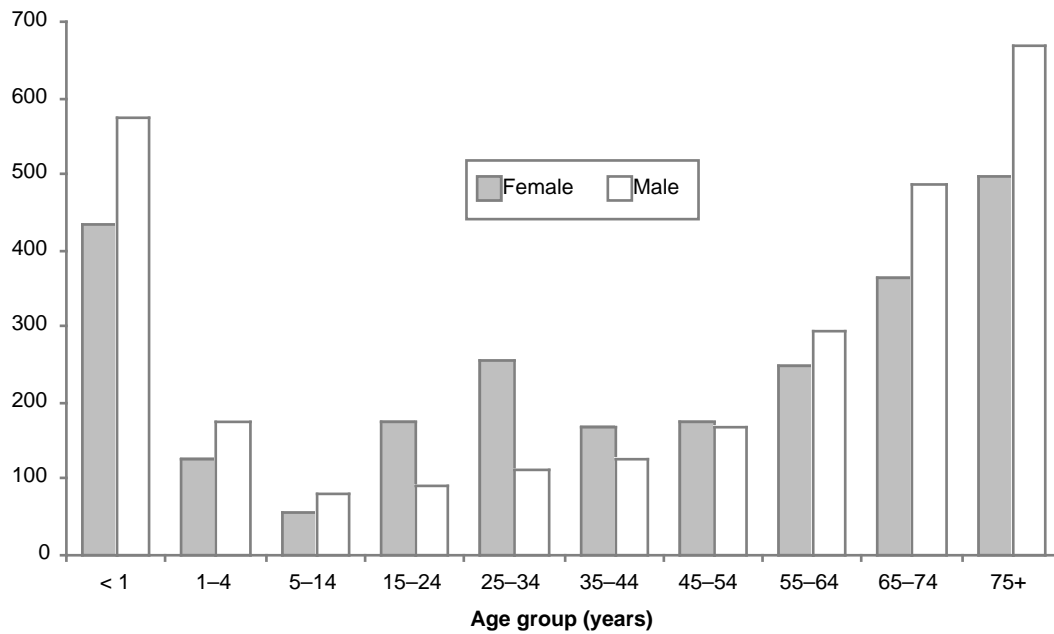


Figure 4.1: Separations per 1,000 population by age group and sex for public hospitals, Australia, 1995-96

Separations per 1,000 population

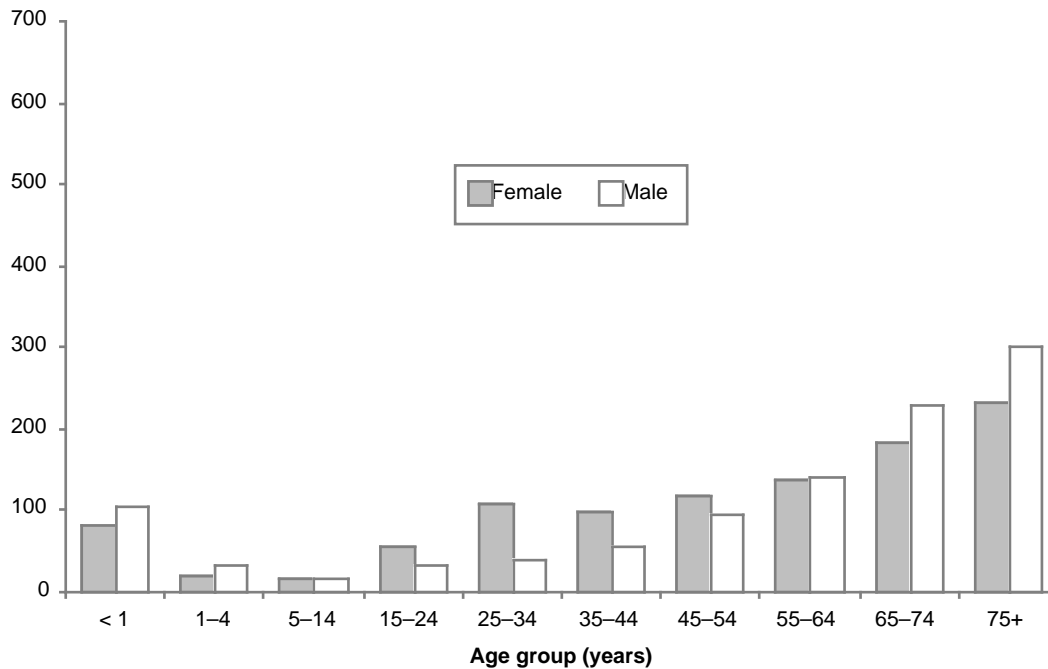


Figure 4.2: Separations per 1,000 population by age group and sex for private hospitals, Australia, 1995-96

Patient days per 1,000 population

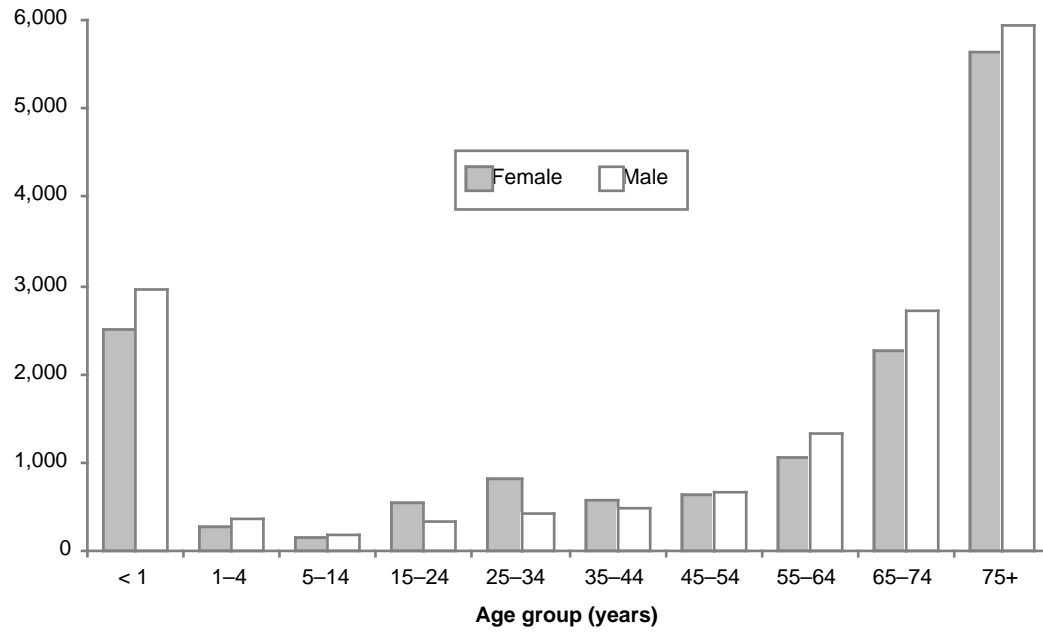


Figure 4.3: Patient days per 1,000 population by age group and sex for public hospitals, Australia, 1995-96

Patient days per 1,000 population

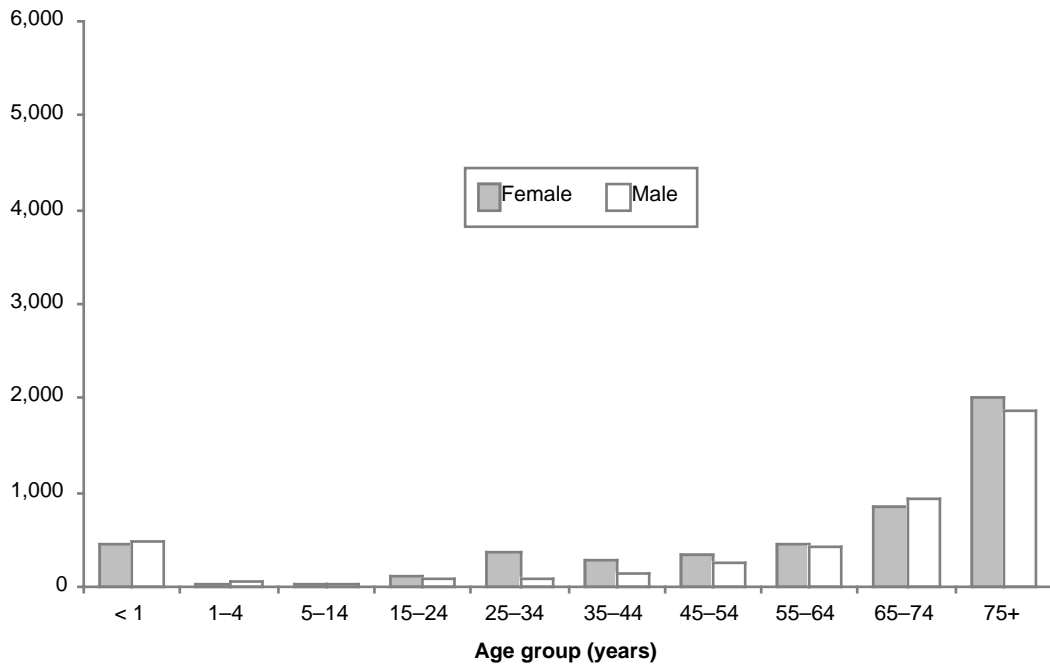


Figure 4.4: Patient days per 1,000 population by age group and sex for private hospitals, Australia, 1995-96

Average length of stay (days)

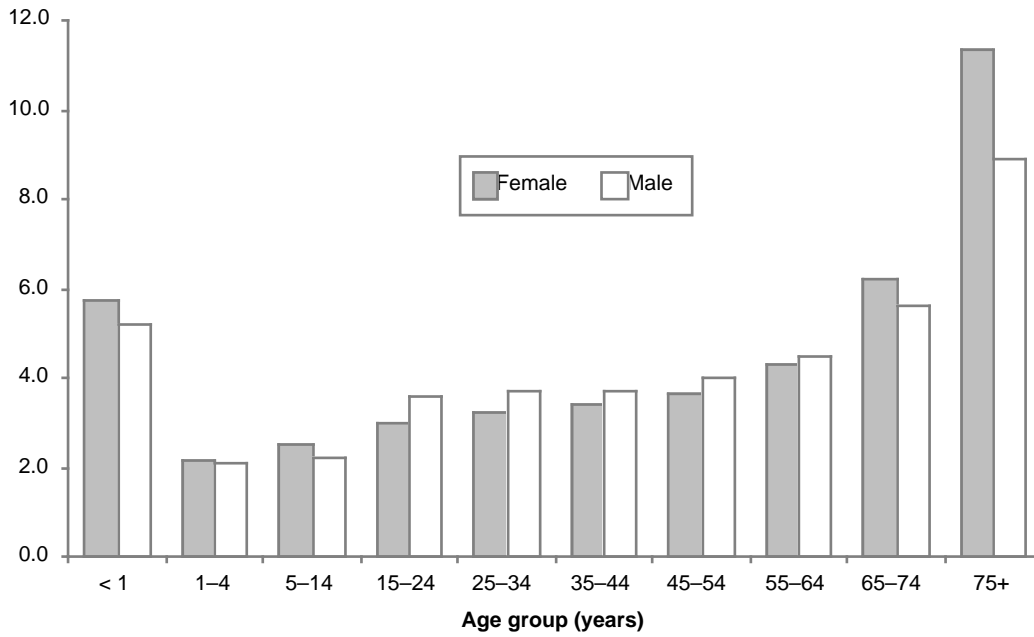


Figure 4.5: Average length of stay by age group and sex for public hospitals, Australia, 1995-96

Average length of stay (days)

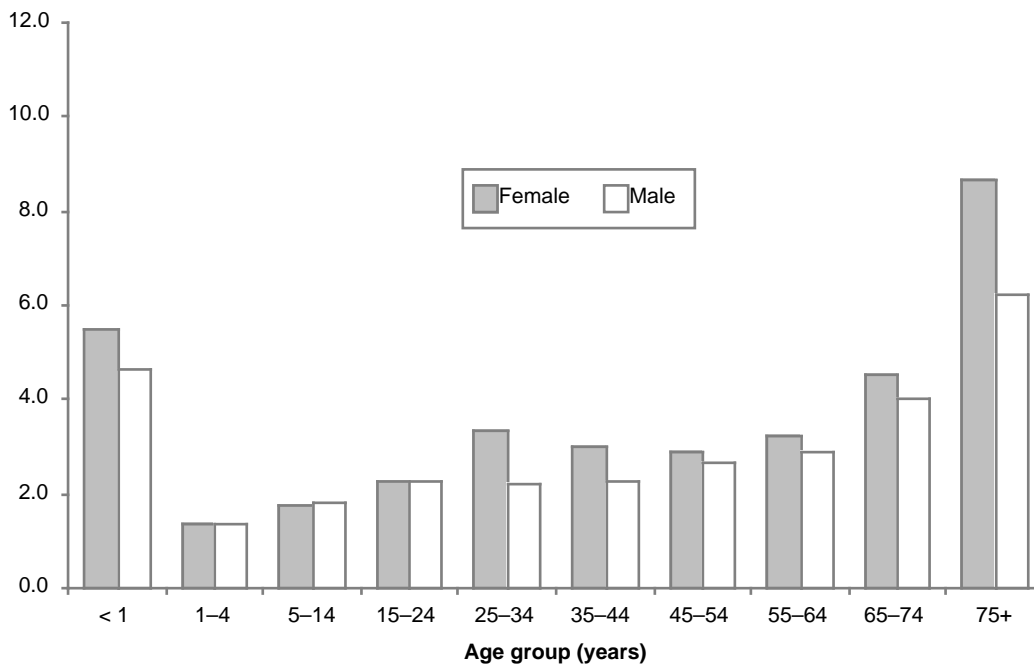


Figure 4.6: Average length of stay by age group and sex for private hospitals, Australia, 1995-96