

9. Other data on admitted patients

Introduction

This chapter presents information based on a number of data items not reported in the earlier chapters—insurance status, compensable status, State or Territory of usual residence, type of episode of care and mode of separation.

Highlights

Insurance status

Insurance status indicates whether a patient has hospital insurance; that is, insurance providing benefits related to charges for hospital accommodation and services. Insurance for benefits for ancillary services only is excluded.

The *National Health Data Dictionary* specifies that the insurance status of the patient should be reported as *Hospital insurance* or *No hospital insurance*, however, some data providers also used a *Not reported* category. Coding for extra detail for private hospital patients with hospital insurance is also specified in the *Dictionary*. For these patients, information was to be collected on whether the insurance was from the basic table only, or included supplementary cover. Only one data provider supplied this information fully so it is not included in this report.

Insurance status must not be confused with whether the patient is admitted as a public, private or other type of patient. Individuals can elect to be admitted in public hospitals as public or private patients irrespective of their insurance status. Private patients without hospital insurance (and who are not compensable patients) are often referred to as self-insured (Commonwealth of Australia 1997).

Some States and Territories have noted that insurance status data were not collected accurately in all cases, but claim that the quality of these data are improving. The main outstanding issue is missing data for all South Australian hospitals and for over 30% of Tasmanian private hospital separations. Also, no data were available for separations from the Northern Territory private hospital. The separations for which the data were not supplied by Victoria were for its public psychiatric hospitals.

The supplied information indicates that 26% of patients separated in 1995–96 had hospital insurance, 63% did not, with the remainder unknown. Very few patients in public hospitals were reported as having insurance (around 10%—see Figure 9.1), while in private hospitals around 70% were reported as being insured (Figure 9.2). If these figures are correct, public hospitals were mainly treating the uninsured and private hospitals were mostly treating insured patients.

Compensable status

A compensable patient is defined as being any person who is entitled to the payment of, or who has been paid compensation, damages or other benefits (including a payment in

settlement of a claim for compensation, damages or other benefits) in respect of the injury, illness or disease for which he or she is receiving care and treatment.

Compensable status reflects the status of the patient at the time of separation. The *National Health Data Dictionary* specifies that the compensable status of the patient should be reported as *Compensable* or *Not compensable*, however, some data providers also used a *Not reported* category. South Australia was unable to supply compensable status data. The separations for which Victoria was unable to supply these data were for its public psychiatric hospitals.

Overall, around 2% of patients were compensable in 1995–96 (Table 9.1). In the public sector, 1% of patients fell into this category, while in the private sector 4% of patients were compensable.

State or Territory of usual residence

This data item is defined as the State or Territory of usual residence as stated by the patient. Finer detail on the area of usual residence is included in the *National Health Data Dictionary* for this data item, however, not all States and Territories supplied the more detailed data for 1995–96. In addition, Tasmania did not identify the State or Territory of residence for interstate patients.

Table 9.2 indicates how many patients in each State and Territory were interstate residents. Overall, 97% of patients resided in the State or Territory where they were treated. However, in the Australian Capital Territory, only about three-quarters of the patients treated were Australian Capital Territory residents, with the majority of the remainder coming from New South Wales. This is mainly because the Australian Capital Territory acts as a referral centre for the surrounding districts, which include parts of New South Wales.

Type of episode of care

An episode of care is a phase of treatment for an admitted patient. It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care. In the latter case, a statistical separation occurs after each episode, and a new separation record is generated. Thus separations in the Database for those States and Territories reporting episodes of care are actually for phases of treatment, not entire hospital stays. Definitions of each particular type of care are contained in the *National Health Data Dictionary*. The classifications under this data item are:

- acute care
- rehabilitation care
- palliative care
- non-acute care
- unqualified neonate
- other care.

Unqualified neonates (defined in the Glossary) are not included in the National Hospital Morbidity Database for 1995–96, so have not been included in Table 9.3. An extra level of coding is specified within the rehabilitation and palliative care groups. As only one State supplied this extra information, this detail was also not included. Tasmania and the Australian Capital Territory did not supply data for this item.

For the hospitals for which this data item was reported, 93% of separations were classified as episodes of *Acute care*, 2% as *Rehabilitation care* and 1% as *Non-acute care* (which includes nursing home type patients). There was some variation among the States and Territories for which data were supplied and between the public and private sectors (Table 9.3). For example, the proportion of public hospital separations that were for *Rehabilitation care* ranged from 0.6% in Western Australia to 2.6% in Queensland.

These data were collected as part of the national data collection in this form for the first time in 1995–96. There may be improvement in their quality in the future when the data item is fully implemented in this form in all States and Territories.

Mode of separation

The mode of separation records the status of the person (discharged, transferred, episode type change, died) at the time of separation and for some categories the place to which the person was discharged or transferred.

The majority of patients (over 90%) were included in the *Other* category, suggesting that most people go home after separation from hospital. This was particularly the case in the private sector, where 97% of separations were categorised as *Other*; in the public sector, this figure was 91%. The main difference was that more patients were transferred to other hospitals in the public sector than in the private sector. There were also greater proportions of separations in the public sector for statistical discharges, deaths and the *Left against medical advice/discharge at own risk* category.

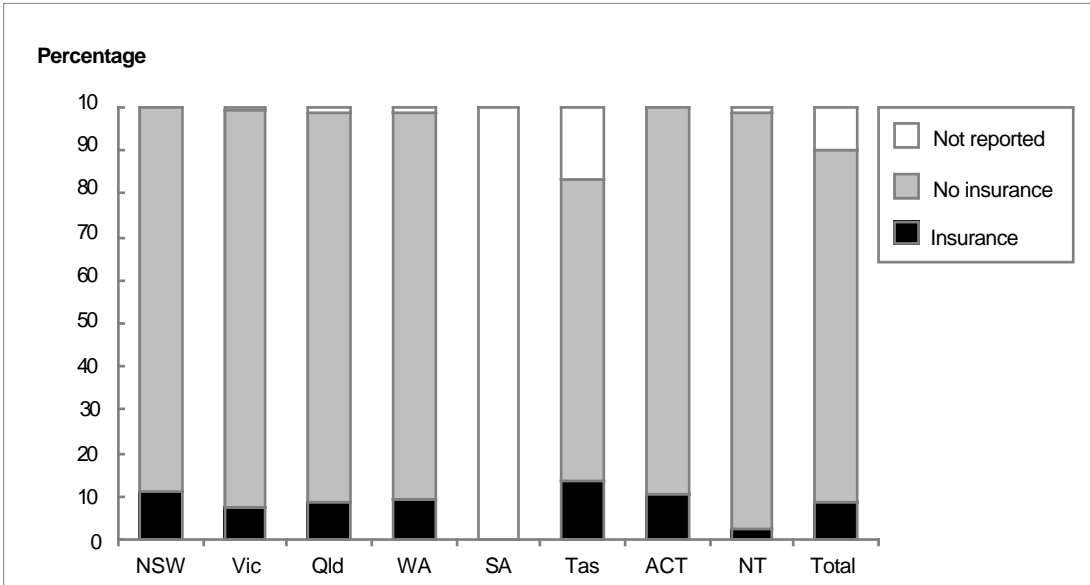


Figure 9.1: Percentage separations by insurance status, public hospitals, States and Territories, 1995-96

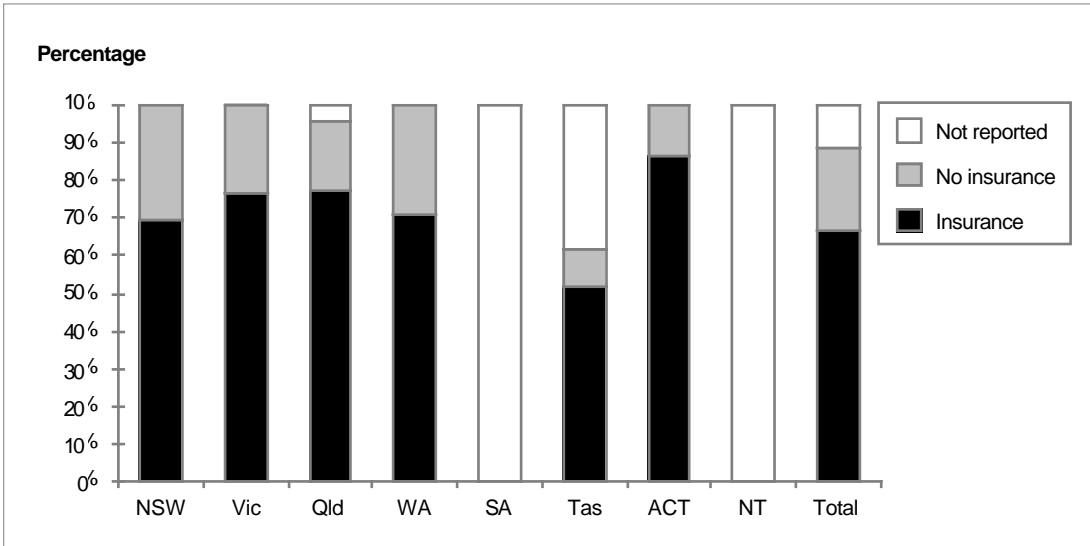


Figure 9.2: Percentage separations by insurance status, private hospitals, States and Territories, 1995-96