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Australian Institute of Health and Welfare

Board Chair
Professor Janice Reid

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Janis Shaw (hospital statistics): Phone 02 6244 1120
Jenny Hargreaves (patient statistics): Phone 02 6244 1121
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

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Foreword

Australian Hospital Statistics 1996–97 is published within twelve months of the end of the reference year, matching the performance for 1995–96. As in the previous year, this reflects a huge effort by data providers (in public and private hospitals, and in State and Territory health authorities), and by a large number of Institute staff.

This year's report sees *Australian Hospital Statistics* emerge as the sole routine publication on hospital activity and operations. The Commonwealth Department of Health and Family Services has discontinued the *Australian Casemix Report*. *Australian Hospital Statistics* contains a range of AN-DRG-based (casemix) information and the Department will make some more detailed information available electronically on the Internet.

A range of performance indicators has been included in the current report, some for the first time. The publication of performance indicators in *Australian Hospital Statistics* significantly brings forward the availability of these data.

These are substantial steps forward in the timely release of relevant data and the Institute will continue its efforts to rationalise and unify Australia's hospital statistics collections.

In the next twelve months we face new challenges. The switch to ICD-10-AM is occurring on 1 July 1998 in four States and Territories and on 1 July 1999 in the remainder. The Institute will switch to ICD-10-AM from 1998–99, and must therefore map from ICD-9-CM to ICD-10-AM for four jurisdictions for 1998–99. A major effort is also in progress to improve standards for more consistent reporting on financial data by all jurisdictions.

We hope to improve timeliness further as the remaining data supply problems are progressively addressed by State and Territory administrations. We are keen to learn from users how the publication can best meet their information needs and invite readers to comment on this latest volume of national hospital statistics.

Richard Madden
Director

June 1998

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Jenny Hargreaves and Janis Shaw managed the project.

Abbreviations

ABS	Australian Bureau of Statistics
ACHS	Australian Council on Healthcare Standards
AGPS	Australian Government Publishing Service
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ALOS	Average length of stay
AN-DRG	Australian National Diagnosis Related Group
ASCCSS	Australian Standard Classification of Countries for Social Statistics
CC	Complications and co-morbidities
C.D.E.	Common bile duct exploration
conn.	Connective
def.	Deficiency
DHFS	Department of Health and Family Services
diag.	Diagnosis
dis.	Diseases
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
ECMO	Extracorporeal membrane oxygenation
HASAC	Health and Allied Services Advisory Council
ICD-9-CM	International Classification of Diseases, 9th edition, Clinical Modification
IFRAC	Inpatient fraction
mal.	Malignant
MDC	Major Diagnostic Category
n.a.	Not available
nec	Not elsewhere classified
NHDC	National Health Data Committee
NHDD	National health data dictionary
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NHMBWG	National Health Ministers Benchmarking Working Group
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
NPHED	National Public Hospital Establishments Database
n.p.	Not published
OECD	Organisation for Economic Co-operation and Development
op.	Operation
procs	Procedures
re.	Related to
SCRCSSP	Steering Committee for the Review of Commonwealth/State Service Provision
sub.	Subcutaneous
VMO	Visiting Medical Officer
W	With
W/O	Without
–	Nil or rounded to zero
. .	Not applicable

Executive summary

Hospitals, beds and staff

There were 727 public acute hospitals, including 23 public psychiatric hospitals operating in Australia in 1996–97. Two thirds of public hospitals in 1996–97 were smaller hospitals of up to 50 beds.

Public hospitals across Australia had an average of 3.1 available beds per 1,000 population, down from 3.3 per 1,000 in 1995–96. By broad geographic type, the available beds per 1,000 population ranged from 2.8 in metropolitan centres, through 3.7 in rural areas, to 4.6 in remote areas.

Nurses made up 44% and salaried medical officers 8% of total full time equivalent staff of public hospitals. Salaries and wages paid to all staff were 64% of total recurrent expenditure of $12.2 billion in 1996–97. A further 9% was made up by superannuation payments and payments to visiting medical officers.

Patient numbers and lengths of stay

The throughput of patients of both public and private hospitals continued to increase. Separations from public acute hospitals grew from 1995–96 to 1996–97 by 2% to over 3.6 million or 197 per 1,000 population. Private hospitals showed a 7% increase, to 1.7 million or 92 per 1,000 population. Thus private hospitals increased their share of patient separations to 32% overall.

Numbers of patient days in public acute hospitals fell by 3% to 15.2 million. Private hospital patient days fell by 1% to 5.8 million. The private hospital share of all hospital patient days thus rose to 26%.

An increase in throughput and a decrease in numbers of patient days was expressed also in a continued decline in average lengths of stay in hospitals. Overall, average lengths of stay dropped from 4.3 to 4.2 days from 1995–96 to 1996–97. Private hospital stays averaged 3.5 days compared with 4.2 in public acute hospitals. A factor in this decline is increasing proportions of patient separations that are same day separations. These increased to 42% in public acute hospitals and to 51% in private hospitals. Public psychiatric hospitals continued to have high average lengths of stay– 68 days for separations during 1996–97.

The number of separations of private patients in public acute hospitals has been in decline for several years. In 1996–97, 10.9% of public hospital patients were private patients, down from 16.5% in 1993–94.

Patient Characteristics

Age and sex

Females accounted for higher proportions of separations than males, 53% of total separations in public hospitals (1.9 million) and 56% in private hospitals (1.0 million). In both public and private hospitals, there were more separations for females than males in all age groups from 15 to 54 years and in the 75 years and over age groups.

For all hospitals, the population in age groups over 65 years, which comprised 12% of the total Australian population, accounted for 30% of separations (1.6 million) and 46% of patient days (10.2 million). There were 727 separations per 1,000 population for this age group compared with an overall crude rate of 289 per 1,000 for the total population. The average length of stay for these patients was 6.3 days, compared with 4.2 days for all patients.

Indigenous status

There were 144,485 separations for patients reported as Aboriginal or Torres Strait Islander. On an age-standardised basis, separations for Aboriginal or Torres Strait Islander patients were 86% higher (531 per 1,000) than for the overall Australian population (285 per 1,000). It is likely that identification of Aboriginal and Torres Strait Islander patients is incomplete and that these figures are underestimates.

Morbidity

Principal diagnoses in the National Health Priority Areas of Cardiovascular health, Cancer control, Injury prevention and control, Mental health and Diabetes accounted for over 9 million patient days, or 41% of total patient days in all hospitals during 1996–97. Mental disorders (2.9 million patient days) and Cardiovascular disease (2.5 million patient days contributed most to this total. Although patient days associated with Diabetes as a principal diagnoses (167,811) were far fewer than for other National Health Priority Areas, Diabetes was significant as an additional diagnosis, bringing the number of patient days with which it is associated to 2.2 million.

The most common Australian National Diagnosis Related Group (AN-DRG) in public hospitals in 1996–97 was *Admit for renal dialysis* (AN-DRG 572), accounting for 9.8% of total separations. Other leading AN-DRGs included *Chemotherapy* (AN-DRG 780) with 3.7%, and *Vaginal delivery without complicating diagnosis* (AN-DRG 674) with 3.2% of total public hospital separations. The corresponding top three AN-DRGs in the private sector were *Other gastroscopy for non-major digestive disease without complications and co-morbidities* (AN-DRG 332), with 6.1% of total separations, *Other colonoscopy without complications and co-morbidities* (AN-DRG 335), with 5.5%, and *Lens procedures without vitrectomy and without complications and co-morbidities* (AN-DRG 099), with 3.6%.