

Australian hospital statistics 2001–02

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and wellbeing of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

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Foreword

The Institute is pleased to be able to present this report on Australia's hospitals in 2001–02. It is the ninth annual hospital statistics report and is produced from data in the Institute's National Hospital Morbidity Database, the National Public Hospital Establishments Database and the National Elective Surgery Waiting Times Data Collection. These are compiled each year with the assistance of the state and territory health authorities, which have also provided data on waiting times for emergency department care.

An exciting new section has been added called *Hospitals at a glance*. This replaces the *Highlights* section from previous editions and provides information on the number, activity and performance of Australian hospitals, with time series information from 1993–94 to 2001–02 illustrating the changing nature Australia's hospitals over the past eight years.

The chapter on performance indicators has been revised and includes expanded and refined performance indicator information. The Institute is continuing to work towards making these indicators available in pre-published form for use in other reports that present similar information.

To reflect the continually growing volume of same day hospitalisations, a number of tables have been added that summarise separation statistics for the thirty most common procedures and diagnoses for overnight and same day patients separately. These tables illustrate the difference in the type of activity between these two groups of separations.

An electronic version of this report can be found on the Institute's Internet site. It includes related statistical information that is not included in the hard copy form of this publication. Also available on the Internet site are interactive cubes of data from the National Hospital Morbidity Database that allow users to specify their own tables relating to the principal diagnoses and Australian Refined Diagnosis Related Groups for admitted patients. This resource is continually being expanded and will encompass other admitted patient data in the near future.

This report reflects a huge effort by Institute staff and by data providers, both in the state and territory health authorities, and in individual public and private hospitals to collate the data and produce the report within 12 months of the end of the year to which it relates.

The Institute will continue to work with the data providers and the Australian Hospital Statistics Advisory Committee to maintain timeliness, and to improve the quality and usefulness of this report. Comments from readers are always welcome.

Richard Madden
Director
June 2003

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- Ching Choi (AIHW) (Chair)
- John Agland (New South Wales Health Department)
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- Jo Bothroyd (Department of Health and Ageing's National Hospital Cost Data Collection)
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List of abbreviations

ABS	Australian Bureau of Statistics	n.a.	Not applicable
ACHS	Australian Council on Healthcare Standards	NCCH	National Centre for Classification in Health
ACT	Australian Capital Territory	NHCDC	National Hospital Cost Data Collection
AGPS	Australian Government Publishing Service	NHDC	National Health Data Committee
AHS	Australian hospital statistics	NHDD	National Health Data Dictionary
AHSAC	Australian Hospital Statistics Advisory Committee	NHMBWG	National Health Ministers' Benchmarking Working Group
AIHW	Australian Institute of Health and Welfare	NHPC	National Health Performance Committee
ALOS	Average length of stay	n.p.	Not published
AQC	Australian Quality Council	NSSRG	Non-specialist service related group
AR-DRG	Australian Refined Diagnosis Related Group	NSW	New South Wales
ASCCSS	Australian Standard Classification of Countries for Social Statistics	NT	Northern Territory
ASGC	Australian Standard Geographical Classification	O.R.	Operating room
Ave.	Average	OECD	Organisation for Economic Co-operation and Development
Behav.	Behavioural	Op.	Operation
Cat.	Catastrophic	Procs	Procedures
CC	Complication and/or comorbidity	QIC	Quality Improvement Council
CCCA	Clinical Casemix Committee of Australia	Qld	Queensland
CDE	Common duct exploration	RA	Remoteness Area
COPD	Chronic Obstructive Pulmonary Disease	Re.	Related to
Dis.	Diseases	RMOs	Resident medical officers
DoHA	Commonwealth Department of Health and Ageing	RRMA	Rural, Remote and Metropolitan Area
DHAC	Commonwealth Department of Health and Aged Care	RSI	Relative stay index
DRG	Diagnosis Related Group	SA	South Australia
DVA	Department of Veterans' Affairs	SACC	Standard Australian Classification of Countries
ECMO	Extracorporeal membrane oxygenation	SCRSSP	Steering Committee for the Review of Commonwealth/State Service Provision
ECT	Electroconvulsive therapy	SD	Statistical Division
ENT	Ear, nose and throat	Sev.	Severe
Exp.	Exposure to	SLA	Statistical Local Area
FTE	Full-time equivalent	SRG	Service related group
HASAC	Health and Allied Services Advisory Council	SRR	Standardised separation rate ratio
HIV	Human immunodeficiency virus	SSRG	Specialist service related group
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification	Tas	Tasmania
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification	Vic	Victoria
IFRAC	Admitted patient fraction	VMO	Visiting medical officer
ISO	International Standards Organisation	W	With
mal.	Malignant	W/O	Without
MDC	Major Diagnostic Category	WA	Western Australia
MPS	Multi-purpose service	..	Not available

Hospitals at a glance

Australian Hospital Statistics 2001–02 is the ninth of the Australian Institute of Health and Welfare’s annual summary reports describing the characteristics and activity of Australian hospitals.

Activity of Australian hospitals increased over the last year, with hospital separations and patient days increasing by 4.2% and 3.4% respectively between 2000–01 and 2001–02...

- In 2001–02 there were 6,394,498 separations and these were associated with 23,223,762 patient days. This is compared with 6,138,398 separations and 22,468,953 patient days in 2000–01.
- Between 2000–01 and 2001–02 separations in public acute hospitals increased by 2.6% and in private hospitals they increased by 9.5% (in the four jurisdictions for which there was no change in coverage for private hospitals) over this period.
- Over the same period, the number of patient days in public acute hospitals increased by 0.6%, while for private hospitals they increased by 3.3%.

Overall, separations and patient days have increased over time...

- Between 1993–94 and 2001–02, hospital separations increased by 38.7%: 19.9% in public acute hospitals and 84.7% in private hospitals. Over the same period, the number of patient days in public acute hospitals decreased by 5.1% while for private hospitals they increased markedly (36.0%).
- For public psychiatric hospitals, the number of separations decreased by 2.1% per year on average between 1996–97 and 2001–02 and the number of patient days decreased by 2.7%.
- Between 1993–94 and 2001–02, the age-standardised separation rate per 1,000 population increased by 6.0% in public acute hospitals (190.3 to 201.8 separations per 1,000 population) compared with an increase of 60.8% in private hospitals (77.6 to 124.8 separations per 1,000 population).
- Patient days per 1,000 population decreased by 19.7% for public acute hospitals and increased 14.3% for private hospitals between 1993–94 and 2001–02.
- For public psychiatric hospitals separations per 1,000 population fell by 15.5% between 1996–97 and 2001–02 and there was a 16.8% fall in patient days per 1,000 population.
- In 1996–97, 68.2% of separations and 72.2% of patient days in acute care hospitals were in public acute hospitals. In 2001–02, these percentages had fallen to 61.9% and 68.4%, respectively, showing a shift from the

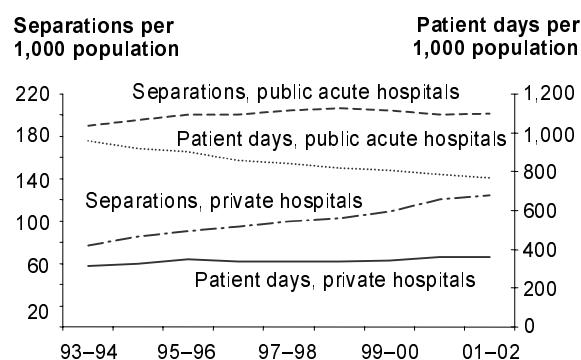


Figure 1: Separations and patient days per 1,000 population, public acute and private hospitals, Australia, 1993–94 to 2001–02

use of public acute to private acute hospitals during this period.

The average length of stay in hospitals is declining...

- The average length of stay in hospitals decreased to 3.6 days in 2001-02, from 3.7 days in 2000-01, following the overall pattern of decline shown in previous years (a decline of 21.7% between 1993-94 and 2001-02, from 4.6 days to 3.6 days).

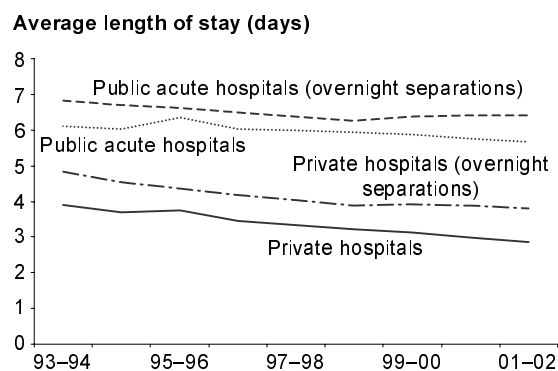


Figure 2: Average length of stay, Australia, 1993-94 to 2001-02

- Private hospital stays averaged 2.9 days compared with 3.9 days in public acute hospitals. For patients staying at least one night, average lengths of stay were 6.5 days in public acute hospitals and 5.7 days in private hospitals.
- The proportion of same day separations increased by 42.1%, from 36.8% in 1993-94 to 52.3% in 2001-02. The number of same day separations increased by 96.9% (1,644,475 separations), 67.3% in public hospitals and 155.7% in private hospitals.

Females accounted for more separations than males...

- In 2001-02 there were 3,420,234 separations for females compared to 2,974,106 separations for males, 53.5% and 46.5% of separations respectively.

- Overall in 2001-02, there were 347.5 separations per 1,000 population for females, compared to 307.0 separations per 1,000 population for males.
- There were more separations per 1,000 population for females than for males in the 15 to 54 year age groups (which include child-bearing ages for women). Separation rates for males were higher than those for females for children and persons aged over 55 years.

Separations per 1,000 population

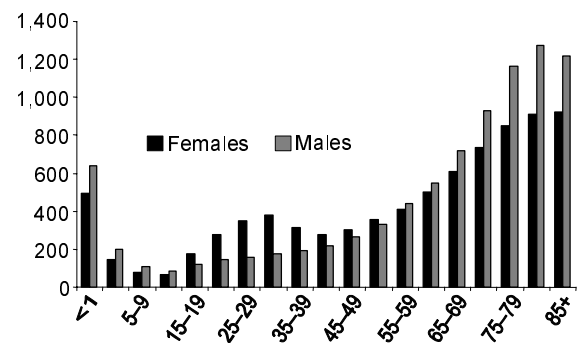


Figure 3: Separations per 1,000 population by age group and sex, 2001-02

Persons identified as Indigenous had higher separation rates than non-Indigenous persons...

- The separation rate for persons identified as Indigenous was higher than the rate for non-Indigenous persons for most age groups, particularly for age groups 35-44 years and older.
- Excluding separations with a principal diagnosis of 'care involving dialysis', the separation rate for persons identified as Indigenous was still higher than the rate for non-Indigenous persons, but the difference for persons aged over 35 years was not as marked.

Separations per 1,000 population

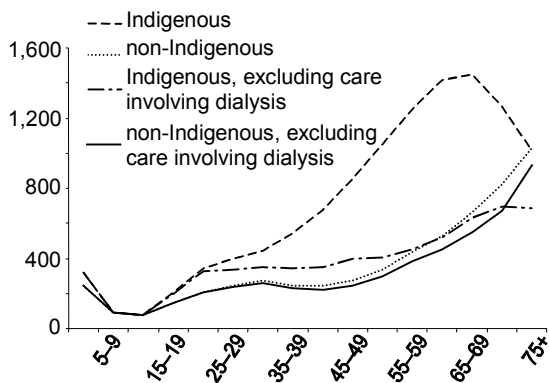


Figure 4: Separations per 1,000 population by Indigenous status and age group, 2001-02

The pattern of separations per 1,000 population by **Remoteness Area** was different for public and private hospitals...

- For public hospitals, separation rates were highest for patients living in very remote areas (231.7 separations per 1,000 population). The separation rate was lowest for patients living in major cities (106.2 separations per 1,000 population).
- For private hospitals, separations per 1,000 population ranged from 22.8 in very remote areas to 76.0 in major cities.

Separations per 1,000 population

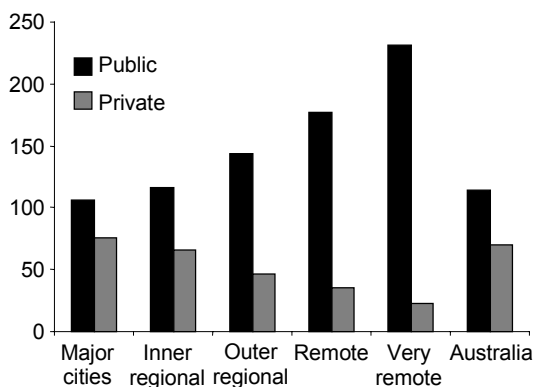


Figure 5: Separations per 1,000 population by Remoteness Area of usual residence and hospital sector

A range of **conditions** (diseases or injuries and poisonings) are **treated** in hospitals...

- Overall, over half of all separations in 2001-02 had a principal diagnosis in five of the ICD-10-AM chapters: Diseases of the digestive system; Neoplasms; Diseases of the circulatory system; Pregnancy, childbirth and the puerperium; and Contact with health services (including care involving dialysis, chemotherapy and care involving rehabilitation procedures).
- The National Health Priority Areas were represented in some high volume diagnoses. In 2001-02 there were 149,569 separations with a principal diagnosis of fracture, 95,774 separations with a principal diagnosis of asthma (40,918) and coronary obstructive pulmonary disease (54,856), 68,669 separations with a principal diagnosis of arthritis and 49,878 separations with a principal diagnosis of angina pectoris.

Separations ('000)

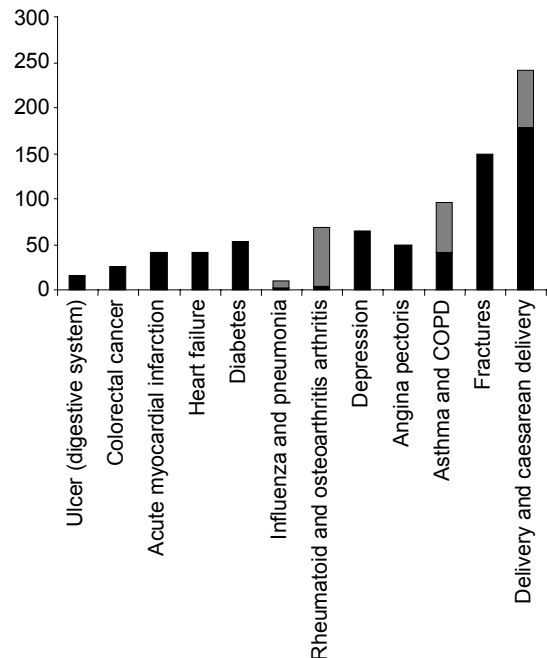


Figure 6: Separations ('000) by selected principal diagnosis, 2001-02

The separation rate per 1,000 population where an admission may have been avoided if timely non-hospital care was provided has changed over time...

- Potentially preventable hospitalisations are those where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided. Separation rates for potentially preventable hospitalisations are potential indicators of the quality or effectiveness of non-hospital care.
- There were 600,759 separations for potentially preventable hospitalisations in 2001-02.
- Overall, the rate per 1,000 population for potentially preventable hospitalisations increased an average of 0.8% per year between 1993-94 and 2001-02.
- The number of separations per 1,000 population for potentially preventable hospitalisations for vaccine-preventable diseases decreased an average of 9.8% per year between 1993-94 and 2001-02. Fluctuations reflected varying numbers of separations for influenza each year.
- Potentially preventable hospitalisations decreased by an average of 2.1% for chronic conditions, excluding diabetes. The increase for diabetes between 1999-00 and 2000-01 (164.1%) reflects changes between the 1st and 2nd editions of ICD-10-AM, which affected the way diabetes was coded.
- Potentially preventable hospitalisations fluctuated around 12 separations per 1,000 population for acute conditions between 1993-94 and 2001-02.

Separations per 1,000 population

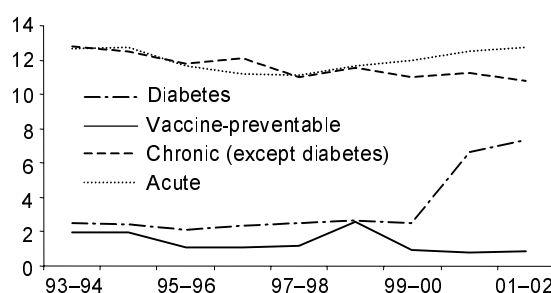


Figure 7: Potentially preventable hospitalisations, 1993-94 to 2001-02

A procedure was reported for 79% of separations in Australian hospitals in 2001-02...

- Fifty-seven per cent of separations reported with a procedure were in public hospitals, although public hospitals accounted for 62% of separations overall. This reflects the higher proportion of separations in the private sector that were reported with a procedure compared to the public sector, 90% and 72% respectively.
- In 2001-02 there were 25,965 separations for hip replacement, 140,449 separations for lens insertion and 16,120 separations for coronary artery bypass graft.

Some procedures that are being increasingly undertaken in the private sector include the high volume procedures of chemotherapy and haemodialysis...

- Between 1993-94 and 2001-02 the number of separations for chemotherapy increased five-fold in the private sector; they decreased by 2% in public hospitals. Hence, the proportion of separations for chemotherapy that were in private hospitals increased from 15% to 51% over this period.
- For haemodialysis, 8% of separations were in private hospitals in 1993-94, but by 2001-02 this had risen to 14%.

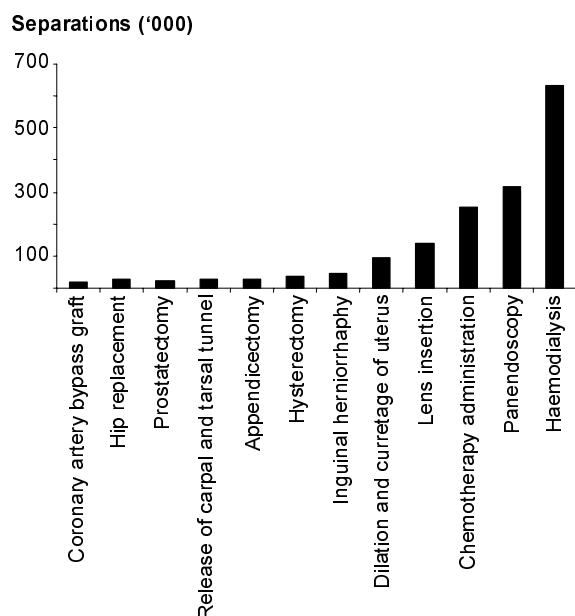


Figure 8: Number of separations for selected procedures, 2001-02

The median waiting time for elective surgery in public hospitals was unchanged at 27 days for the years 1999-00, 2000-01 and 2001-02...

- Ninety per cent of patients were admitted within 203 days in 2001-02, compared with 202 days in 2000-01 and 175 days in 1999-00.
- The proportion of patients admitted after waiting more than 12 months was 4.5% in 2001-02 compared with 4.4% in 2000-01 and 3.1% in 1999-00.
- Ophthalmology and orthopaedic surgery were the surgical specialties with the longest median waiting times (57 and 45 days respectively) in 2001-02. All other surgical specialties except ear, nose and throat surgery had a median waiting time of less than 30 days; cardio-thoracic surgery had the shortest median waiting time (12 days).

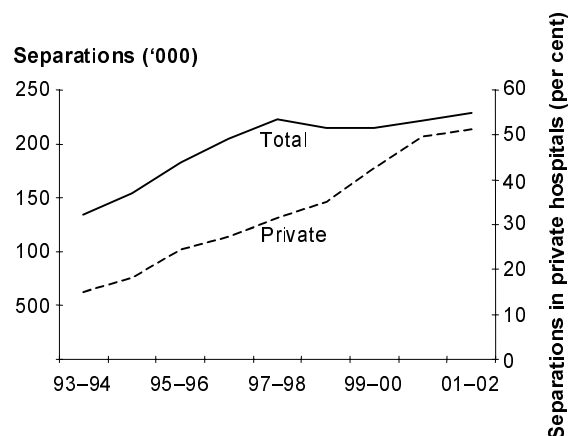


Figure 9: Separations ('000) for chemotherapy and the proportion of separations in private hospitals, 2001-02

There were 1,306 hospitals in Australia in 2001-02...

- In the public sector in 2001-02 there were 724 public acute hospitals and 22 public psychiatric hospitals.
- In the private sector in 2001-02 there were 246 private free-standing day hospital facilities and 314 other private hospitals.

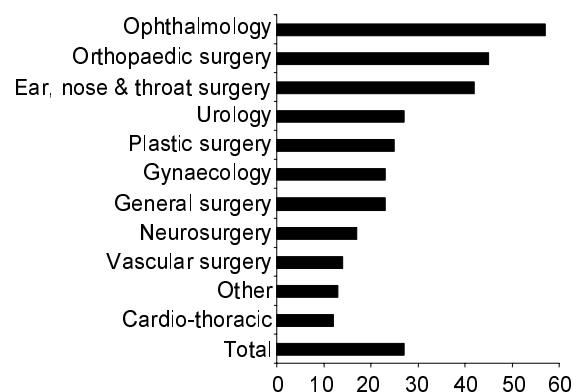


Figure 10: Median waiting time (days) by specialty of surgeon, 2001-02

Overall the number of hospitals in Australia has increased over time...

- There was a marked increase in the number of private free-standing day hospital facilities, from 111 in 1993-94 to 246 in 2001-02 (an average of 10.5%

increase per year, although this increase was from a small base).

- The number of public psychiatric hospitals declined by 41% over this period (an average of 6.3% decline per year).

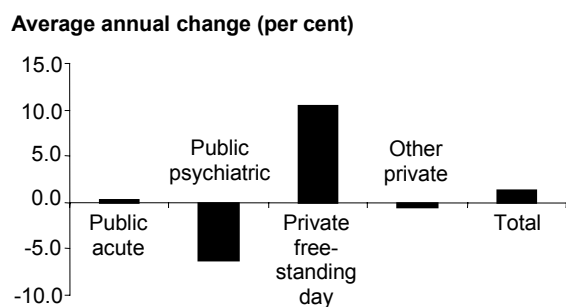


Figure 11: Average annual change in the number of hospitals, Australia, 1993-94 to 2001-02

The number of available beds is a better indicator of the availability of hospital services than the number of hospitals. There were 78,868 available beds in Australia in 2001-02...

- In the public sector in 2001-02 there were 49,004 available beds in public acute hospitals and 2,457 in public psychiatric hospitals.
- In the private sector there were an estimated 1,851 available beds in private free-standing day hospital facilities in 2001-02 and 25,556 in other private hospitals.

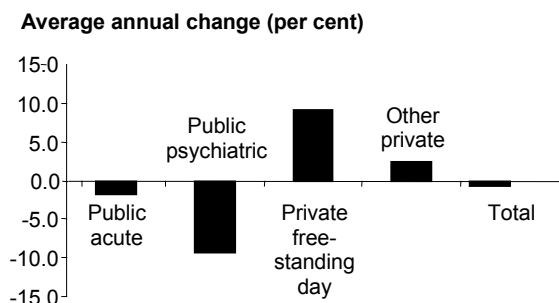


Figure 12: Average annual change in the number of available beds, Australia, 1993-94 to 2001-02

Overall the number of available beds in Australia has decreased over time...

- There was a 5.7% reduction in available beds between 1993-94 and 2001-02, an average of 0.7% decline per year.
- Although the number of public acute hospitals increased, the number of available beds decreased an average of 1.7% per year. Conversely, although the number of other private hospitals fell, the number of available beds increased an average of 2.3% per year.
- The number of available beds/chairs in private free-standing day hospital facilities increased an average of 9.2% per year, from 917 to 1,851.
- The number of available beds in public psychiatric hospitals fell 54%, from 5,360 to 2,457, an average of 9.3% per year.

Staff numbers in public acute and public psychiatric hospitals have remained fairly constant over time...

- Overall, the number of full time equivalent staff increased an average of 0.8% per year between 1993-94 and 2001-02. The number of salaried medical officers increased an average of 4.5% per year over this period and the number of nurses increased an average of 0.8%.

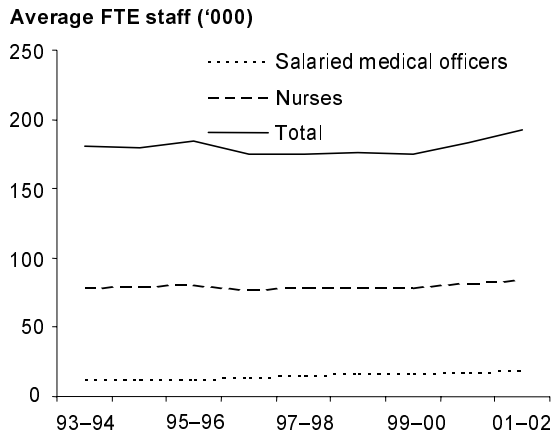


Figure 13: Average full time equivalent staff, public acute and psychiatric hospitals, 1993-94 to 2001-02

Recurrent expenditure on public acute and psychiatric hospitals was \$16,848 million in 2001-02...

- The largest share was for salary payments, which accounted for 63% (\$10,523 million) of recurrent expenditure within the public hospital system.
- Medical and surgical supplies, administrative expenses and drug supplies were the major non-salary expenses for public hospitals nationally.

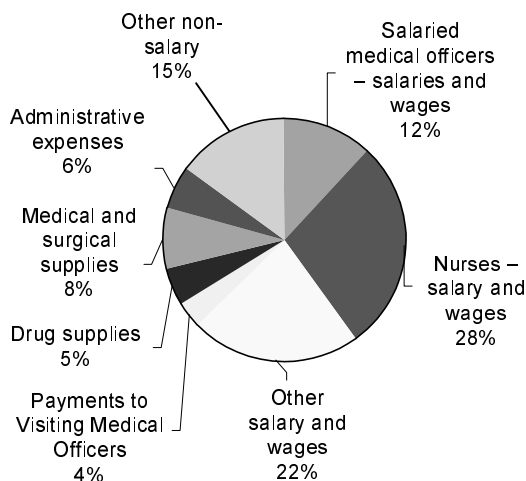


Figure 14: Recurrent expenditure, public acute and psychiatric hospitals, 2001-02

The average recurrent cost of providing care for an admitted patient in public hospitals in 2001-02 was \$3,017...

- This comprised \$1,598 for non-medical labour costs, \$571 for medical labour costs and \$847 for other recurrent costs.
- The difference in cost per casemix-adjusted separation (unadjusted for inflation) between the highest and lowest cost jurisdictions decreased by 37.2% between 1996-97 and 2001-02, from a difference of 59.8% in 1996-97 to a difference of 37.5% in 2001-02.

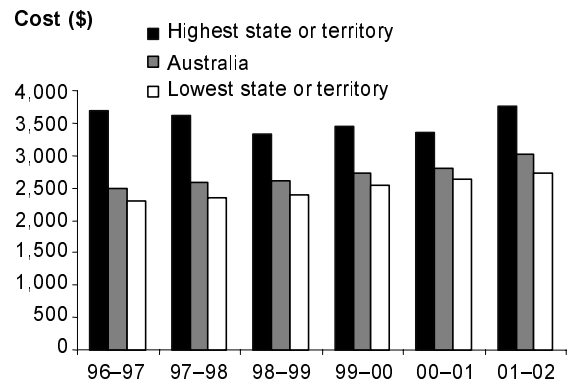


Figure 15: Cost per casemix-adjusted separation, 1996-97 to 2001-02

Information to assist in the interpretation of these data can be found in Chapter 1, Appendix 3 and other sections of this report.

1 Introduction

Australian Hospital Statistics 2001–02 continues the Australian Institute of Health and Welfare's series of summary reports describing the characteristics and activity of Australia's hospitals. This report follows previous reports for the financial years 1993–94 to 2000–01 (AIHW 1997a, 1997b, 1998, 1999, 2000a, 2001a and 2002a).

This series of reports has been based on data supplied to the Institute by the state and territory health authorities. Data are provided for the Institute's National Public Hospital Establishments Database and cover resources, expenditure and revenue for public hospitals, and a summary of the services they provided to non-admitted patients. Data are also provided for public hospitals for the National Elective Surgery Waiting Times Data Collection and on emergency department waiting times. Patient-level data are provided for both public and private hospitals for the Institute's National Hospital Morbidity Database. Included are data on the diagnoses and other characteristics of admitted patients, and on the care they receive.

The collection and reporting of the data in this report were undertaken by the Institute under the auspices of the Australian Health Ministers' Advisory Council through the National Health Information Agreement. Most of the data collected were as specified in the National Minimum Data Sets for Admitted Patient Care, Public Hospital Establishments, Elective Surgery Waiting Times and Emergency Department Waiting Times. The data element definitions were as specified for 2001–02 in the *National Health Data Dictionary* version 10.0 (NHDC 2001) and are detailed in the glossary.

This report

This chapter describes the major data sources and briefly discusses their overall limitations.

Chapter 2 uses the National Public Hospital Establishments Database and the National Hospital Morbidity Database and data from the Australian Bureau of Statistics' Private Health Establishments Collection to provide an overview of hospitals and hospital activity in Australia. It presents a summary of number of hospitals and beds; and separations, length of stay and other statistics for admitted patients, based on the state or territory of the hospital, the type of hospital, and whether it was in the public or private sector.

Chapter 3 presents further data on public hospitals from the National Public Hospital Establishments Database. Data are presented on the number and type of hospitals, available beds, staff employed, specialised services, expenditure and revenue.

Chapter 4 presents hospital performance indicator data, drawn from the National Public Hospital Establishments Database, National Hospital Morbidity Database and other sources. The indicators have been presented as they relate to the National Health Performance Framework (NHPC 2001). Information on emergency department waiting times is included.

Chapter 5 presents summary data on elective surgery waiting times reported to the National Elective Surgery Waiting Times Data Collection.

Chapter 6 presents patient-based administrative data from the National Hospital Morbidity Database involving Medicare eligibility, patient election status and funding source; area of

usual residence; type of care received; urgency of admission and modes of admission and separation. Summary data are also presented on hospital in the home care.

Chapter 7 presents patient-level demographic information from the National Hospital Morbidity Database, including tables of number of separations and patient days by age group, sex, Indigenous status, country of birth and area of usual residence.

Chapters 8 to 11 present a range of patient-based information from the National Hospital Morbidity Database, including information on the principal diagnoses of the patients (Chapter 8), the procedures they underwent (Chapter 9), external causes of injury and poisoning (Chapter 10) and the Australian Refined Diagnosis Related Groups for the hospital separations (Chapter 11).

The appendixes provide more detailed technical notes on the data and analyses than are included in the chapters. In particular, Appendix 3 includes notes on the presentation of data in the tables and the population estimates used for population rate calculations, and notes on major aspects of the quality and comparability of the hospital morbidity data. Appendix 4 provides information on the hospitals covered by each of the data sources.

Information from the National Hospital Morbidity Database is presented using Service related groups in Appendix 5. Summary information from the Department of Health and Ageing's 2000–01 National Hospital Cost Data Collection is provided in Appendix 7. This collection is the source of Australian Refined Diagnosis Related Group (AR-DRG) cost weight and average cost information used in Chapters 2, 4, 6 and 11.

Throughout the report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category.
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category.
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category.
- all private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

Although the *National Health Data Dictionary* definitions form the basis of the databases, the actual definitions used may have varied among the data providers and from one year to another. In addition, admission practices and the detail of the scope of the data collections may vary among the jurisdictions and from year to year. Comparisons between the states and territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories.

The collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health

authorities (for example, some hospitals run by correctional authorities in some jurisdictions and those in offshore territories) are not included. Corrections Health in New South Wales was not included for 2001–02 although it had been included for earlier years. Further information about the hospitals included in the database for 2001–02 (including a list of the hospitals) is provided in Appendix 4.

Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and services to non-admitted patients. Data on capital expenditure and depreciation are also collected. The collection is based on the National Minimum Data Set for Public Hospital Establishments.

Validation processes for 2001–02 data involved detailed consultation by the Institute with data providers in each State and Territory. Nevertheless, the collection does have some missing values and limitations; summary information on data quality and comparability is presented in Chapter 3.

The National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of summary records from admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Essentially all public hospitals were included for 2001–02. The great majority of private hospitals were also included, although there were a few not included, mainly free-standing day hospital facilities. Counts of private hospital separations presented in this report are therefore likely to be underestimates of the actual counts. In 2000–01, the National Hospital Morbidity Database reported approximately 81,758 (3.5%) fewer separations than the Australian Bureau of Statistics' Private Health Establishments Collection (ABS 2002), which has wider coverage. Further information about the public and private hospitals included for 2001–02 and previous years is included in Appendix 4, including lists of all the hospitals contributing to the database for 2001–02.

The data supplied for the National Hospital Morbidity Database were based on the National Minimum Data Set for Admitted Patient Care. They include demographic, administrative and length of stay data, and data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning. Information on the quality of the diagnosis, procedure and external cause data, coded using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification*, (ICD-10-AM) (NCCH 2000), is included in Appendix 3.

A process of validation of the morbidity database was jointly undertaken by the Institute and the data providers. Information on major aspects of the quality and comparability of the data is presented in Appendix 3. The following notes should also be used to guide interpretation of the data.

- Records for 2001–02 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2001 to 30 June 2002. Data on patients who were admitted on any date before 1 July 2000 are included, provided that they also separated between 1 July 2001 and 30 June 2002. 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.

- Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. As the database contains records for patients separating from hospital during the year, this means that not all patient days reported will have occurred in the reporting period (1 July 2001 to 30 June 2002). It is expected, however, that patient days for patients who separated in 2001–02, but who were admitted before 1 July 2001, would be counterbalanced overall by the patient days for patients in hospital on 30 June 2002 who will separate in future reporting periods. The numbers of separations and patient days can be a less accurate measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported.
- There is variation among the states and territories in features such as the demographic structure of the population. Factors such as age, geographical location and Indigenous status can have an effect on the nature of health care delivery and thus on the statistics presented in this report.
- Although data on separations from the National Hospital Morbidity Database can reflect an aspect of the burden of disease in the community, they do not usually provide measures of the incidence or prevalence of conditions. This is because not all persons with a type or severity of illness are treated in hospital and 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.

The National Elective Surgery Waiting Times Data Collection

The state and territory health authorities have provided patient-level data on elective surgery waiting times to the Institute's National Elective Surgery Waiting Times Data Collection, based on the National Minimum Data Set for Elective Surgery Waiting Times. The data presented in this report are for patients admitted for their elective surgery between July 2001 and June 2002. Earlier data on elective surgery waiting times have been reported for January to June 1995 (AIHW: Moon 1996), for the two years 1995–96 and 1996–97 (AIHW 2000b) and annually for 1997–98 to 2000–01 (AIHW 2000c, 2001b, 2002a, 2002b).

The National Elective Surgery Waiting Times Data Collection relates to public acute care hospitals. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania were also included. All public hospitals that undertake elective surgery were generally included, although data were not collected for some smaller public hospitals. A list of hospitals included in the data collection for 2001–02 is included in Appendix 4.

The Institute works with the states and territories to validate the data. Summary information on the quality and comparability of the data is included in Chapter 5.

Emergency department waiting times data

State and territory health authorities have provided establishment-level data to the Institute on emergency department waiting times based on the National Minimum Data Set for

Emergency Department Waiting Times, described in the *National Health Data Dictionary*. Earlier data on emergency department waiting times data have been reported for 2001–02 (AIHW 2002a).

The data relate to public acute care hospitals. Private hospitals are not included, except for one private hospital in Tasmania that provides services to public patients under contract arrangements. In the Australian Capital Territory and the Northern Territory all public acute care hospitals were included in the data collection. In other states and territories, most principal referral hospitals and large public hospitals were included, although data were not collected for some medium and smaller public hospitals. A list of hospitals included in the data collection for 2001–02 is included in Appendix 4. The Institute works with the states and territories to validate the data. Summary information on the quality and comparability of the data is included in Chapter 4.

This report and additional data on the Internet

This report is available on the Internet at <http://www.aihw.gov.au/>. The text of the report is presented in PDF format and the tables as downloadable Excel spreadsheets. This site also includes additional data, in Excel spreadsheets, from the National Hospital Morbidity Database on diagnoses, procedures and AR-DRGs for admitted patients, and the data used to generate graphs in this report. Some of the report's tables are also presented with more detail, such as using 5-year age groups rather 10-year age groups (see Chapter 7), and all the funding source categories (see Chapter 6). More information on the Internet tables is in Chapters 7, 8, 9 and 11 and in Appendixes 1, 3 and 4.

A couple of months after this report is published, the Internet site will also include updates for the tables in Chapters 2, 4, 6 and 11 that use AR-DRG cost weight and average cost information. At the time of publication, 2001–02 cost weights and average costs were not available, so 2000–01 data were used in this report instead. Updates will also be provided for the tables in Chapters 2 and 4 and in Appendix 4, which use data on private hospitals, collated in the Australian Bureau of Statistics' Private Health Establishments Collection. These data were also not available at the time of publication of this report.

Interactive data cubes

Also included on the site are interactive cubes of data from the National Hospital Morbidity Database which allow users to specify tables and graphs as required. There are four data cubes currently available:

- Principal diagnoses for 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)
- Principal diagnoses for 1998–99 to 2001–02 (using ICD-10-AM to classify diagnoses)
- Australian Refined Diagnosis Related Groups version 4.1/4.2 for 1997–98 to 2001–02
- Principal diagnoses for separations that include specialised psychiatric care for 1998–99 to 2000–01 (using ICD-10-AM to classify diagnoses)

Later in 2003, data cubes covering procedure and external cause information will be added and the cube relating to specialised psychiatric care will be updated to include 2001–02 data.

Each cube includes information on the number of separations (same day and overnight), patient days and average length of stay, by age group and sex and year of separation, for each diagnosis or AR-DRG. The cube on specialised psychiatric care also includes data on the mental health legal status of the patient for each separation.

2 Overview of Australian hospitals

Introduction

This chapter describes the public and private hospital sectors in terms of the number of hospitals and the availability of hospital beds. Summary statistics for admitted and non-admitted patients are also presented for each sector. Information is included on the number of separations for patients and their aggregated and average length of stay, presented on the basis of the sector of the hospital and the type of hospital within the sector. Chapters 6 to 11 present information on the basis of characteristics of admitted patients and their hospital stays.

The summary information on public hospitals is derived from the National Public Hospital Establishments Database. Information on private hospitals has been provided by the states and territories for 2001-02 and is preliminary. The final data will be included in the Institute's Internet site when it becomes available from the Australian Bureau of Statistic's Private Health Establishments Collection. Summary statistics for private and public hospitals are presented at a national level for the years 1997-98 to 2001-02 and for states and territories for 2001-02.

Summary separation, patient day, average length of stay and average cost weight information are derived from the National Hospital Morbidity Database for public and private hospitals. National statistics for the years 1997-98 to 2001-02 and state and territory statistics for 2001-02 are presented.

The hospital sectors and types reported in this chapter are public acute hospitals, public psychiatric hospitals, private free-standing day hospital facilities and other private hospitals. Data are also presented for all public hospitals combined, all acute hospitals (that is, excluding public psychiatric hospitals), all private hospitals and all hospitals. For confidentiality reasons, private free-standing day hospital facilities were not separately identified for Tasmania. Therefore, totals for Australia for private free-standing day hospital facilities and other private hospitals do not include Tasmania. Further information on the hospitals included is provided in Appendix 4.

As detailed in Chapter 1, there is some variation in the scope of the National Hospital Morbidity Database among the states and territories. There is also some variation in the way in which separations with *Newborn* care were reported and in the inclusion of periods of hospital in the home care, as described in Appendix 3. These variations should be considered when comparing states and territories, the public and private sectors and reporting years.

Data on occasions of service for non-admitted patients in public hospitals, derived from the National Public Hospital Establishments Database, are also presented, as are similar data for private hospitals, provided from the ABS's Private Health Establishments Collection.

Hospitals and hospital beds

A range of data on hospitals, available beds, expenditure and revenue are presented in Table 2.1 for the period 1997–98 to 2001–02. Over the 4-year period, a number of jurisdictions changed from accounting on a cash basis to accrual accounting and a number of other changes to reporting arrangements occurred so comparisons across years must be made with care.

There were 746 public hospitals and 560 private hospitals in 2001–02 compared with 749 public hospitals and 516 private hospitals in 2000–01 (Table 2.1). Changes in the numbers of hospitals can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings (see Appendix 4). Therefore, changes in the number of available beds is a more reliable indicator of shifts in the availability of hospital services. However, the concept of an available bed is also becoming less important in the overall context of hospital activity, particularly in the light of increasing same day hospitalisations and provision of hospital in the home care. Public hospitals provided 51,461 beds (65% of the national total) in 2001–02, compared with 27,407 beds provided in private hospitals (35% of the national total).

Private sector data for 2001–02 were collated on a different basis from previous years. Data for 2000–01 and prior years is from the ABS's *Private Hospitals Australia 2002* (ABS 2002) publication and from earlier editions of *Private Hospitals Australia*, which report numbers of beds on an average available beds basis. Data for 2001–02 were provided by the states and territories and will be updated on the Internet when the ABS data become available. All states except Victoria and the Northern Territory reported on the basis of licenced beds, which may overstate the number of beds available. Victoria and the Northern Territory reported on the basis of average available beds. These differences in reporting arrangements may make cross year comparisons less valid.

Nationally, bed numbers in the public sector decreased by an average of 2% per year, from 55,737 in 1997–98 to 51,461 in 2001–02. Over the same period, the private sector grew by 2.9% per year, from 24,439 beds in 1997–98 to 27,407 in 2001–02. Western Australia significantly revised their average available beds data for public hospitals for 2000–01, and the change has been incorporated in the figures reported in Table 2.1.

Recurrent expenditure in 2001–02 was \$16,848 million in current prices. In current price terms recurrent expenditure increased by 8.4% from 2000–01 to 2001–02 for public hospitals. In constant prices (referenced to 2000–01), national expenditure was \$16,321 million in 2001–02, and represents a real increase in expenditure of 5.0% over 2000–01. Data on recurrent expenditure for public hospitals for 1998–99 and earlier years in Table 2.1 are not comparable with data from 1999–00 because New South Wales only included expenditure through community health program funding administered by hospitals from 1999–00. Revenue for public hospitals increased by 6.3% in constant prices between 2000–01 and 2001–02.

Information on the number of hospitals and hospital beds available by state and territory is provided in Table 2.2 for both public and private hospitals. The number of available beds in hospitals ranged from 3.3 per 1,000 population in the Australian Capital Territory to 5.0 per 1,000 population in South Australia.

Admitted patients by sector and hospital type

Separations

There were 6,394,498 separations reported from public and private acute and psychiatric hospitals in 2001–02 (Table 2.4), an increase of 256,100 (4.2%), compared with 2000–01 (Table 2.3). Public hospital separations increased by 2.6% (100,702), compared with 2000–01 and there was a 6.8% (155,398) increase in the private sector.

The increase of 6.8% for private hospital separations should be interpreted in light of coverage changes. There were slight changes in the coverage of private hospitals for Tasmania (one extra hospital) and South Australia in 2001–02 compared to 2000–01. The increase in the number of private hospital separations for these states over this period was 8.3% and 7.3% respectively. There was a significant reduction in the coverage for Victoria, with a decrease in reported separations of 0.1%; the Victorian Department of Human Services reports that this coverage change is likely to have resulted in an underestimate of the number of separations in the Victorian private sector by 9%. There was no change in the coverage of private hospitals for New South Wales, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory between these years. Appendix 4 describes the coverage for each state and territory for 2001–02.

The effects of changes in coverage cannot be accurately estimated, so excluding the states with coverage changes may result in a better estimate of the change in the number of private hospital separations. Excluding Victoria, South Australia and Tasmania (34.9% of all private hospital separations in 2001–02), there was an increase of 137,124 (9.5%) separations in the private sector between 2000–01 and 2001–02. Thus the change in private hospital activity presented in Table 2.3 may be an underestimate of the actual change. Increases in private hospital separations reported from the ABS's Private Health Establishments Collection (which has more complete coverage) were 8.1% between 1998–99 and 1999–00 and 9.5% between 1999–00 and 2000–01 (ABS 2002).

Information on the 30 AR-DRGs with the largest changes in the number of separations in either the public or private sectors (or both) between 1999–00 and 2001–02 is included in Table 11.17. The increase in separations for private hospitals described above was reflected in increases in a range of AR-DRGs for the private sector. The AR-DRG with the greatest increase between 2000–01 and 2001–02 was D40Z *Dental extraction and restoration*, for which an increase of 12,334 separations (7.9% of the total increase for private hospitals) was reported. Other AR-DRGs for which relatively large increases were reported for the private sector were R63Z *Chemotherapy* (an increase of 10,034 separations) and G44C *Other colonoscopy, same day* (an increase of 8,807 separations).

The number of separations reported for public psychiatric hospitals (18,316) in 2001–02 increased by 184 (1.0%) compared with 2000–01. There has been an average annual decrease since 1997–98 of 5.1%.

The private sector accounted for 37.9% of the 6.39 million separations in 2001–02 (2,426,189), compared with 37.0% (2,270,791) in 2000–01. Private free-standing day hospital facilities, excluding Tasmania, accounted for 376,600 or 15.5% of private sector separations in 2001–02, compared with 332,448 or 15.1% in 2000–01.

Same day and overnight separations

The year 2001–02 saw a continuation of the recent annual increases in the proportions of admitted patients being treated on a same day basis, that is, admitted and separated on the same date.

Same day separations have been distinguished from other separations in this report to illustrate the proportions of total separations which they represent, and also to demonstrate the effect on average lengths of stay when patients receiving this type of hospital care are classified as admitted. In most countries of the Organisation for Economic Co-operation and Development (OECD), same day patients are not counted as admitted patients, and reported average lengths of stay are therefore greater than those calculated for Australia (OECD 2002).

In Australia in 2001–02, 3,341,338 separations were on a same day basis, an increase of 7.2%, compared with 2000–01. There was an increase of 5.6% in public hospitals and 9.3% in private hospitals. These separations comprised 52.3% of separations overall, compared with 50.8% (3,117,751) in 2000–01, and there were increases in the proportions of same day patients in both public acute hospitals (from 46.4% to 47.7%) and private hospitals (from 58.5% to 59.9%).

In contrast to a 0.9% decrease in the previous year, there was a 1.1% increase in overnight separations between 2000–01 and 2001–02, from 3,020,647 to 3,053,160. There was a slight increase of 0.1% in public hospitals (from 2,078,876 to 2,080,067), and a 3.3% increase in the private sector (from 941,771 to 973,093). Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z *Sleep apnoea*).

There was some variation among the states and territories in the proportion of separations that were same day separations. For public acute hospitals, New South Wales had a lower proportion than the national average (41.9%), whereas the Northern Territory (54.3%), the Australian Capital Territory (53.7%) and Victoria (53.1%) had markedly higher proportions. In the private sector, New South Wales (62.1%) and Queensland (62.2%) reported higher proportions than average. The Australian Capital Territory (48.3%) reported lower proportions, perhaps reflecting the lack of coverage of private free-standing day hospital facilities for this jurisdiction.

Separation rates

The age-standardised separation rate per 1,000 population increased by 0.5% between 2000–01 and 2001–02 for public acute hospitals (Table 2.3). For private hospitals, it increased by 4.1%, unadjusted for coverage change, and by 7.0% in the jurisdictions for which there was no coverage change for private hospitals.

Among the states and territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2001–02 (394.3 per 1,000 population; Table 2.4) and Tasmania reported the lowest (164.6 per 1,000 population). Private hospital separation rates ranged from 93.9 per 1,000 population in the Australian Capital Territory (for which separations from same day facilities were not included in the database) to 165.5 per 1,000 population in Queensland. For all hospitals combined, the Northern Territory reported the highest age-standardised separation rate (394.3 per 1,000 population), despite its private hospitals not being included in the database. These rates relate to resident populations, so do not take into account interstate patient flows.

These rates are likely to have been affected by whether or not separate episodes of care (see Glossary) within a hospital stay were counted as individual separations, the way in which

hospital stays for patients aged 9 days or less on admission (*Newborn* episodes) were counted, and the reporting of hospital in the home care (see Appendix 3 for details).

The age-standardised separation rate for public psychiatric hospitals varied widely, from 0.1 per 1,000 population in Victoria and Queensland, to 1.9 per 1,000 population in New South Wales and South Australia. This variation reflects differences in the extent to which public psychiatric services have been provided in public acute hospitals, non-hospital facilities and in the community.

Average cost weight of separations

In Table 2.4, average cost weights are presented for 2001–02 based on version 4.2 Australian Refined Diagnosis Related Group (AR-DRG) into which each separation was classified on the basis of demographic and clinical characteristics of the patient. Separations were only included where the care type was reported as *Acute*, or was not reported, or where the care type was *Newborn* and the separation had at least one qualified day. Thus separations for *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

The average cost weight information provides a guide to the relative complexity and resource use of admissions within hospitals, with a value of 1.00 representing the theoretical average for all separations. Cost weights for 2000–01 (AR-DRG version 4.2) were used, as 2001–02 cost weights were not available at the time of publication of this report. In one part of Table 2.4, public sector cost weights were used for both public and private hospitals to enable comparison between the sectors on the same basis. Data are also presented for private hospitals using private sector cost weights. Further information about the AR-DRG classification and cost weights is included in Chapter 11.

Table 2.4 indicates that, within the public sector, most states and territories had average cost weights close to the national average for public acute hospitals. The Northern Territory was the only exception, with an average cost weight of 0.76. This reflects the high proportion (33.4%) of separations in the Northern Territory that were for *Admit for renal dialysis* (AR-DRG L61Z), an AR-DRG with a relatively low cost weight (see Chapter 11).

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed, and are therefore included in the public acute hospital data. Cost weights are of less use as a measure of resource requirements for these services because the relevant AR-DRGs are less homogeneous than for other acute services.

The average cost weight for private free-standing day hospital facilities was markedly lower (0.51) than for other private hospitals (0.91), reflecting the lesser complexity and day-only nature of most admissions in these hospitals. The average cost weights for the other private hospitals ranged from 0.93 in Western Australia to 1.07 in the Australian Capital Territory.

Nationally, the average cost weight for private hospitals using private sector cost weights was 0.88 compared with 0.91 using public cost weights.

Patient days

Patient days represent the number of full or partial days stay for patients who separated from hospital during the reporting period, and represent the aggregated length of stay for all

patients (see Glossary). A total of 23,223,762 patient days was reported for 2001–02, 70.0% in the public sector and 30.0% in the private sector.

There was an increase in patient days reported of 0.6% for public acute hospitals (85,356) in 2001–02, compared with 2000–01. For private hospitals, patient days increased by 3.3%, unadjusted for coverage change, and by 6.8% in the jurisdictions for which there was no coverage change for private hospitals. Patient days for public acute and private hospitals combined (unadjusted for coverage change) increased by 1.4% (305,420) and for all hospitals combined, they increased by 3.4% (754,809).

Public psychiatric hospital patient days increased dramatically, from 726,036 in 2000–01 to 1,175,467 in 2001–02 (61.9%). This increase was particularly marked for New South Wales and Queensland, and reflected markedly long average lengths of stay in Queensland and Tasmania in particular. As separations from public psychiatric hospitals can include some very long stay patients, and the pattern of these separations can vary over time, patient day counts can also fluctuate markedly for these hospitals.

The number of age-standardised patient days per 1,000 population in 2001–02 decreased by 1.4% for public acute and private hospitals combined, compared with 2000–01. Public acute hospital patient days per 1,000 decreased by 2.3%. For private hospitals, the numbers remained steady, unadjusted for coverage change, and increased by 2.7% in the jurisdictions for which there was no coverage change for private hospitals.

Of the states and territories, the Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2001–02 (1,327.4 per 1,000 population) and Tasmania reported the lowest (668.7 per 1,000 population). The highest age-standardised population rate for patient days in private hospitals was reported by Queensland (492.4 per 1,000 population). The lowest age-standardised rate for public psychiatric hospitals for 2001–02 was 5.4 patient days per 1,000 population in Victoria and the highest was 114.0 per 1,000 population in New South Wales.

Age standardised, the highest rate for all hospitals combined was reported by the Northern Territory (1,327.4 per 1,000 population) and the lowest by the Australian Capital Territory (1,113.3 per 1,000 population).

Average length of stay

The average length of stay for public acute and private hospitals combined decreased by 2.7% between 2000–01 and 2001–02 (3.6 days and 3.7 days respectively). For public acute hospitals, there was a decrease between 2000–01 and 2001–02 from 3.9 to 3.8 days. For private hospitals, the average length of stay was 2.9 days in 2001–02, a reduction from 3.0 days in the previous year. The average length of stay for public psychiatric hospitals increased from 40.0 days in 2000–01 to 64.2 days in 2001–02, reflecting the increased patient days reported for these hospitals, as described above.

New South Wales reported the longest average length of stay for public acute hospitals (4.1 days) and the Northern Territory reported the shortest (3.2 days). For private hospitals other than free-standing day hospital facilities, Queensland reported the greatest average length of stay (3.4 days) and Western Australia reported the shortest (3.0 days). With same day separations excluded (as is the practice in most OECD countries), average lengths of stay have not reduced markedly over the last few years (Table 2.3). The average length of stay increased from 6.4 in 2000–01 to 6.5 days in 2001–02. For private hospitals other than private free-standing day hospital facilities, the average length of stay decreased from 5.8 days in 2000–01 to 5.7 in 2001–02. The average lengths of stay are within the range of those reported

for 1999 and 2000 average lengths of stay for acute care for other OECD countries (OECD 2002).

Non-admitted patients

Information on non-admitted patient occasions of service and group sessions provided by public acute and psychiatric hospitals for 2001–02 is provided in Table 2.5 by state and territory. Similar information from the ABS's Private Health Establishments Collection is presented for private hospitals for 2000–01 in Table 2.7. Data for private hospitals for 2001–02 were not available at the time of publication of this report.

Just under 40 million non-admitted patient occasions of service were delivered to individuals through public acute hospitals in 2001–02 (Table 2.5). The largest group of these was *Other medical/surgical/obstetric encounters* (22.3% of the total), followed by *Pathology* (14.6%) and *Accident and emergency services* (14.6%). *Allied health* and *Community health* were also frequently provided services, together accounting for 25% of non-admitted patient services. These categories include services such as: physiotherapy, speech therapy, dietary advice, baby clinics, aged care assessment teams and immunisation clinics.

In addition to the services provided to individuals, 444,409 group sessions were delivered through public acute hospitals. These services include group activities conducted in the same categories against which individual non-admitted patient services are recorded.

Users of these data should note that there is considerable variation among states and territories and between reporting years, in the way in which non-admitted patient occasions of service data are collected. Differing admission practices between the states and territories will also lead to variation among jurisdictions in the services reported in Table 2.5. Connected with that, states and territories may also differ in the extent to which these types of services are provided in non-hospital settings (such as community health centres), which are beyond the scope of this data collection. For 2001–02, the Northern Territory reports that radiology occasions of service were underestimated and pathology data were available for only 3 of their 5 public hospitals.

Emergency department data are presented for patients subsequently admitted and patients not subsequently admitted. Queensland was the only jurisdiction not able to supply data for patients who were subsequently admitted. There are some differences in the way that subsequent admissions were identified among the states and territories. Victoria identified subsequently admitted patients by matching emergency department data to admissions data. New South Wales, South Australia, Tasmania and the Northern Territory identified patients as subsequently admitted if, in the emergency department data, they were recorded as being admitted directly from the emergency department. For Western Australia and the Australian Capital Territory, subsequently admitted patients were identified using both methods. Matching the emergency department data with admissions data may have resulted in a higher rate of subsequently admitted patients for the jurisdictions using this method, compared to the other jurisdictions.

Patients who did not wait for treatment were included in these data for Victoria, Queensland, Tasmania and the Northern Territory, but not for the other jurisdictions.

There were differences in the scope of the data here and the data reported for the emergency department waiting times collection in chapter 4 (Table 4.13). The differences in reporting are discussed in Appendix 3.

Data on the number of non-admitted patient occasions of service provided through public psychiatric hospitals are also presented. There were 254,010 services provided in New South Wales, Queensland and Western Australia, the only states or territories for which these data were supplied (Table 2.5). These services include emergency and outpatient care and outreach/community care provided to individuals or groups.

Table 2.6 presents data on the supply of accident and emergency non-admitted occasions of service in public hospitals by Remoteness Area of the hospital. The ratio of services provided in the area to the number of residents in the area is presented as an approximation of population utilisation, though services provided in one area may be provided to persons residing in other Remoteness Area categories. The ratio varied from 236 per 1,000 population in major cities to 377 per 1,000 population in regional areas and 881 per 1,000 population in remote areas. The pattern of utilisation may reflect a number of factors including patterns of disease and injury, patterns of availability of other health care services, and the poor health of Indigenous people, who have higher population concentrations in remote areas (ABS & AIHW 2001).

There are also fewer accident and emergency non-admitted patient occasions of service per 1,000 population for private hospitals in regional and remote areas. The ratio of services provided to the population resident in the area ranged from 28 per 1,000 population in major cities to 23 per 1,000 population in regional areas and 7 per 1,000 population in remote areas in 2000-01 (ABS unpublished Private Health Establishments Collection data).

In 2000-01, private hospitals reported 1,814,000 non-admitted patient occasions of service to the ABS's Private Health Establishments Collection, ranging from 59,800 for South Australia and the Northern Territory combined, to 714,000 for Victoria. Nationally, there were 504,900 non-admitted patient occasions of service reported for *Accident and emergency* in private hospitals (Table 2.7).

Table 2.1: Summary of hospitals, Australia, 1997–98 to 2001–02^(a)

	1997–98	1998–99	1999–00	2000–01	2001–02	% change ^(b)	
						Ave since 1997–98	Latest two years
Hospitals^(c)							
Public hospitals	760	749	748	749	746	0.6	-0.4
Public acute hospitals	736	728	726	726	724	0.6	-0.3
Public psychiatric hospitals	24	21	22	23	22	-1.1	-4.3
Private hospitals	492	502	509	516	560	4.4	8.5
Private free-standing day hospital facilities	175	190	207	217	246	12.6	13.4
Other private hospitals	317	312	302	299	314	-0.4	5.0
Public acute and private hospitals	1,228	1,230	1,235	1,242	1,284	2.2	3.4
Total	1,252	1,251	1,257	1,265	1,306	2.1	3.2
Available or licenced beds^(d)							
Public hospitals	55,737	53,885	52,947	52,410	51,461	-2.0	-1.8
Public acute hospitals	52,625	50,942	50,188	49,932	49,004	-1.8	-1.9
Public psychiatric hospitals	3,112	2,943	2,759	2,478	2,457	-5.7	-0.8
Private hospitals	24,439	25,206	25,246	26,153	27,407	2.9	4.8
Private free-standing day hospital facilities	1,348	1,460	1,581	1,688	1,851	8.3	9.7
Other private hospitals	23,091	23,746	23,665	24,465	25,556	2.6	4.5
Public acute and private hospitals	77,064	76,148	75,434	76,085	76,411	-0.2	0.4
Total	80,176	79,091	78,193	78,563	78,868	-0.4	0.4
Beds per 1,000 population							
Public hospitals	3.00	2.86	2.78	2.72	2.63	-3.2	-3.1
Public acute hospitals	2.83	2.71	2.64	2.59	2.51	-2.9	-3.2
Public psychiatric hospitals	0.17	0.16	0.14	0.13	0.13	-6.9	-2.2
Private hospitals	1.31	1.34	1.33	1.36	1.40	1.7	3.4
Private free-standing day hospital facilities	0.07	0.08	0.08	0.09	0.09	6.9	8.2
Other private hospitals	1.24	1.26	1.24	1.27	1.31	1.3	3.1
Public acute and private hospitals	4.14	4.05	3.96	3.95	3.91	-1.4	-0.9
Total	4.31	4.20	4.11	4.08	4.04	-1.6	-0.9
Non-admitted occasions of service^(e) ('000)							
Public acute hospitals	32,605	34,251	34,759	40,099	39,523	4.9	-1.4
Other private hospitals	1,670	1,712	1,814	1,688	..	0.4	-6.9
Total	34,276	35,963	36,573	41,787	..	6.8	14.3
Total recurrent expenditure, constant prices^(f) (\$million)^(g)							
Public hospitals	14,137	14,454	15,138	15,545	16,321	3.7	5.0
Public acute hospitals	13,727	13,991	14,700	15,128	15,910	3.8	5.2
Public psychiatric hospitals	410	462	438	417	410	-0.0	-1.6
Private hospitals	3,640	3,964	4,089	4,467	..	7.1	9.2
Private free-standing day hospital facilities	133	145	168	183	..	11.3	8.9
Other private hospitals	3,507	3,819	3,921	4,284	..	6.9	9.3
Total	17,777	18,417	19,227	20,012	..	4.0	4.1
Total recurrent expenditure, current prices^(h) (\$million)^(g)							
Public hospitals	13,026	13,677	14,647	15,545	16,848	6.6	8.4
Public acute hospitals	12,648	13,240	14,224	15,128	16,424	6.7	8.6
Public psychiatric hospitals	378	437	424	417	423	2.9	1.6
Private hospitals	3,354	3,751	3,957	4,467	..	10.0	12.9
Private free-standing day hospital facilities	122	137	163	183	..	14.4	12.5
Other private hospitals	3,232	3,614	3,794	4,284	..	9.9	12.9
Total	16,380	17,428	18,604	20,012	..	6.9	7.6
Total revenue, constant prices^(f) (\$million)							
Public hospitals	1,160	1,242	1,264	1,377	1,484	6.3	7.8
Public acute hospitals	1,136	1,219	1,244	1,355	1,465	6.6	8.1
Public psychiatric hospitals	24	23	20	22	19	-6.4	-15.1
Private hospitals	3,975	4,184	4,345	4,742	..	6.1	9.1
Private free-standing day hospital facilities	158	171	198	224	..	12.5	13.2
Other private hospitals	3,817	4,013	4,146	4,518	..	5.8	8.9
Total	5,135	5,426	5,609	6,118	..	6.0	9.1
Total revenue, current prices^(h) (\$million)							
Public hospitals	1,069	1,176	1,223	1,377	1,532	9.4	11.3
Public acute hospitals	1,046	1,154	1,204	1,355	1,512	9.6	11.6
Public psychiatric hospitals	22	22	20	22	19	-3.7	-12.4
Private hospitals	3,662	3,959	4,204	4,742	..	9.0	12.8
Private free-standing day hospital facilities	145	161	192	224	..	15.6	17.0
Other private hospitals	3,517	3,798	4,012	4,518	..	8.7	12.6
Total	4,731	5,135	5,427	6,118	..	8.9	12.7

(a) Some data amended since previously reported.

(b) The average since 1997–98 is the average annual change between 1997–98 and the latest available year of data. The latest two year change is the change between the two latest available years of data.

(c) Apparent differences in the number of hospitals reported are, in many instances, caused by changes in administrative or reporting arrangements rather than by actual differences in the number of buildings. See Appendix 4 for further information.

(d) Prior to 2001–02 all data reported on an available bed basis. For 2001–02 public, Victorian private and Northern Territory private hospital beds reported on an available bed basis and all other private hospital beds reported on a licenced beds basis.

(e) Excludes public psychiatric hospitals. Reporting arrangements have varied significantly across years.

(f) Constant price values referenced to 2000–01. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year.

(g) From 1999–00, New South Wales included community health program expenditure administered by hospitals. This causes discontinuity between 1998–99 and 1999–00. Victoria has included insurance payments of \$41m made by Department of Human Services Victoria on behalf of hospitals for the first time this year.

(h) Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts.

.. not available

Source for 2000–01 and earlier private hospital data is ABS 2002 and earlier editions of *Private Hospitals Australia*. Private hospital data for 2001–02 are preliminary, provided by the states and territories.

Table 2.2: Number of hospitals^(a) and available or licenced beds, by hospital sector and type, states and territories, 2001–02

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Public acute hospitals	209	143	175	87	79	23	3	5	724
Public psychiatric hospitals	9	1	6	2	1	3	0	0	22
<i>Total public hospitals</i>	218	144	181	89	80	26	3	5	746
Private free-standing day hospital facilities	92	57	49	14	26	2	5	1	246
Other private hospitals ^(c)	99	80	57	28	37	9	3	1	314
<i>Total private hospitals</i>	191	137	106	42	63	11	8	2	560
Total hospitals	409	281	287	131	143	37	11	7	1,306
Available or licenced beds^(d)									
Public acute hospitals	16,327	11,546	9,376	4,885	4,571	1,069	670	560	49,004
Public psychiatric hospitals	1,075	95	504	257	486	40	n.a.	n.a.	2,457
<i>Total beds available in public hospitals</i>	17,402	11,641	9,880	5,142	5,057	1,109	670	560	51,461
Private free-standing day hospital facilities	711	642	266	73	115	9	33	2	1,851
Other private hospitals ^(c)	6,683	5,804	6,130	3,158	2,342	995	339	105	25,556
<i>Total beds available in private hospitals</i>	7,394	6,446	6,396	3,231	2,457	1,004	372	107	27,407
Total available beds	24,796	18,087	16,276	8,373	7,514	2,113	1,042	667	78,868
Available or licenced beds per 1,000 population									
Public acute hospitals	2.5	2.4	2.6	2.6	3.0	2.3	2.1	2.8	2.5
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.3	0.1	n.a.	n.a.	0.1
<i>Total beds available in public hospitals</i>	2.6	2.4	2.7	2.7	3.3	2.3	2.1	2.8	2.6
Private free-standing day hospital facilities	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Other private hospitals ^(c)	1.0	1.2	1.7	1.7	1.5	2.1	1.1	0.5	1.3
<i>Total beds available in private hospitals</i>	1.1	1.3	1.7	1.7	1.6	2.1	1.2	0.5	1.4
Total available beds per 1,000 population	3.8	3.7	4.4	4.4	5.0	4.5	3.3	3.4	4.0

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 4 for more detail.

(b) The count of public hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

(c) Includes private acute and private psychiatric hospitals.

(d) Public, Victorian private and Northern Territory private hospital beds reported on an available bed basis. All other private hospital beds reported on a licenced beds basis. n.a. not applicable.

Private hospital data for 2001–02 are preliminary, provided by the states and territories.

Table 2.3: Summary of separation, patient day and average length of stay statistics, by hospital type, Australia, 1997–98 to 2001–02^(a)

	1997–98	1998–99	1999–00	2000–01	2001–02	% change ^(b)	
						Ave since 1997–98	Since 2000–01
Separations ('000)							
Public hospitals ^(d)	3,770	3,860	3,873	3,868	3,968	1.3	2.6
Public acute hospitals	3,748	3,839	3,855	3,849	3,950	1.3	2.6
Public psychiatric hospitals	23	20	18	18	18	-5.1	1.0
Private hospitals ^{(f)(g)}	1,793	1,875	2,026	2,271	2,426	7.9	6.8
Private free-standing day hospital facilities ^(g)	248	261	280	332	377	11.0	13.3
Other private hospitals ^(g)	1,545	1,614	1,746	1,873	1,979	6.4	5.7
Public acute & private hospitals ^(h)	5,541	5,715	5,881	6,120	6,376	3.6	4.2
Total	5,563	5,735	5,899	6,138	6,394	3.5	4.2
Overnight separations ('000)							
Public hospitals ^(d)	2,145	2,141	2,106	2,079	2,080	-0.8	0.1
Public acute hospitals	2,125	2,123	2,091	2,064	2,064	-0.7	0.0
Public psychiatric hospitals	20	18	16	15	16	-6.2	4.7
Private hospitals ^{(f)(g)}	840	847	889	942	973	3.7	3.3
Private free-standing day hospital facilities ^(g)	0	2	2	3	4	n.a.	40.7
Other private hospitals ^(g)	840	845	886	907	937	2.8	3.2
Public acute & private hospitals ^(h)	2,965	2,970	2,979	3,006	3,038	0.6	1.1
Total	2,985	2,988	2,995	3,021	3,053	0.6	1.1
Same day separations ('000)							
Public hospitals ^(d)	1,625	1,719	1,767	1,789	1,888	3.8	5.6
Public acute hospitals	1,622	1,716	1,764	1,786	1,886	3.8	5.6
Public psychiatric hospitals	2	2	2	3	3	2.8	-16.2
Private hospitals ^{(f)(g)}	953	1,028	1,137	1,329	1,453	11.1	9.3
Private free-standing day hospital facilities ^(g)	248	260	278	330	373	10.7	13.1
Other private hospitals ^(g)	705	769	860	966	1,042	10.3	7.9
Public acute & private hospitals ^(h)	2,575	2,745	2,902	3,115	3,339	6.7	7.2
Total	2,578	2,747	2,904	3,118	3,341	6.7	7.2
Same day separations as a % of total							
Public hospitals ^(d)	43.1	44.5	45.6	46.2	47.6	2.5	2.9
Public acute hospitals	43.3	44.7	45.8	46.4	47.7	2.5	2.9
Public psychiatric hospitals	10.6	11.3	13.3	17.6	14.6	8.3	-17.1
Private hospitals ^{(f)(g)}	53.1	54.8	56.1	58.5	59.9	3.0	2.3
Private free-standing day hospital facilities ^(g)	100.0	99.4	99.2	99.2	99.0	-0.3	-0.2
Other private hospitals ^(g)	45.6	47.6	49.2	51.6	52.7	3.7	2.1
Public acute & private hospitals ^(h)	46.5	48.0	49.3	50.9	52.4	3.0	2.9
Total	46.3	47.9	49.2	50.8	52.3	3.1	2.9
Separations per 1,000 population^(c)							
Public hospitals ^(d)	205.5	207.3	205.1	201.7	202.8	-0.3	0.5
Public acute hospitals	204.3	206.2	204.2	200.8	201.8	-0.3	0.5
Public psychiatric hospitals	1.2	1.1	0.9	0.9	0.9	-5.9	0.6
Private hospitals ^{(f)(g)}	99.6	102.5	108.8	119.8	124.8	5.8	4.1
Private free-standing day hospital facilities ^(g)	13.9	14.4	15.1	18.1	20.2	9.8	11.4
Other private hospitals ^(g)	85.9	88.2	93.8	98.8	104.4	5.0	5.6
Public acute & private hospitals ^(h)	303.2	307.9	312.2	319.7	326.6	1.9	2.2
Total	304.4	309.0	313.1	320.6	327.5	1.8	2.1

(continued)

Table 2.3 (continued): Summary of separation, patient day and average length of stay statistics, by hospital type, Australia, 1997–98 to 2001–02^(a)

	1997–98	1998–99	1999–00	2000–01	2001–02	% change ^(b)	
						Ave since 1997–98	Since 2000–01
Patient days ('000)							
Public hospitals ^(d)	16,560	16,274	16,243	15,732	16,266	-0.4	3.4
Public acute hospitals	15,152	14,989	15,087	15,006	15,091	-0.1	0.6
Public psychiatric hospitals	1,409	1,285	1,156	726	1,175	-4.4	61.9
Private hospitals ^{(f)(g)}	5,995	6,045	6,361	6,737	6,957	3.8	3.3
Private free-standing day hospital facilities ^(g)	248	261	280	332	377	11.0	13.3
Other private hospitals ^(g)	5,747	5,784	6,081	6,192	6,359	2.6	2.7
Public acute & private hospitals ^(h)	21,146	21,034	21,448	21,743	22,048	1.0	1.4
Total	22,555	22,319	22,604	22,469	23,224	0.7	3.4
Patient days per 1,000 population^(c)							
Public hospitals ^(d)	918.4	885.9	868.6	825.0	829.4	-2.5	0.5
Public acute hospitals	842.0	817.1	807.7	787.4	769.3	-2.2	-2.3
Public psychiatric hospitals	76.3	68.8	60.8	37.6	60.2	-5.8	60.0
Private hospitals ^{(f)(g)}	337.8	333.8	344.3	356.7	356.7	1.4	0.0
Private free-standing day hospital facilities ^(g)	13.9	14.4	15.1	18.1	20.2	9.8	11.4
Other private hospitals ^(g)	324.1	319.5	329.3	336.6	334.6	0.8	-0.6
Public acute & private hospitals ^(h)	1,177.8	1,148.8	1,149.9	1,141.8	1,126.0	-1.1	-1.4
Total	1,254.1	1,217.6	1,210.8	1,179.4	1,183.8	-1.4	0.4
Average length of stay (days)							
Public hospitals ^(d)	4.4	4.2	4.2	4.1	4.1	-1.7	0.8
Public acute hospitals	4.0	3.9	3.9	3.9	3.8	-1.4	-2.0
Public psychiatric hospitals ^(e)	62.4	63.4	64.4	40.0	64.2	0.7	60.3
Private hospitals ^{(f)(g)}	3.3	3.2	3.1	3.0	2.9	-3.8	-3.3
Private free-standing day hospital facilities ^(g)	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Other private hospitals ^(g)	3.7	3.6	3.5	3.3	3.2	-3.6	-2.8
Public acute & private hospitals ^(h)	3.8	3.7	3.6	3.6	3.5	-2.4	-2.7
Total	4.1	3.9	3.8	3.7	3.6	-2.7	-0.8
Average length of stay, excluding same day separations (days)							
Public hospitals ^(d)	7.0	6.8	6.9	6.7	6.9	-0.2	3.1
Public acute hospitals	6.4	6.3	6.4	6.4	6.4	0.1	-0.1
Public psychiatric hospitals ^(e)	69.7	71.4	74.1	48.4	75.0	1.8	55.0
Private hospitals ^{(f)(g)}	6.0	5.9	5.9	5.7	5.7	-1.5	-1.5
Private free-standing day hospital facilities ^(g)	..	1.0	1.0	1.0	1.0	n.a.	3.7
Other private hospitals ^(g)	6.0	5.9	5.9	5.8	5.7	-1.4	-1.5
Public acute & private hospitals ^(h)	6.3	6.2	6.2	6.2	6.2	-0.4	-0.6
Total	6.7	6.6	6.6	6.4	6.5	-0.7	1.7

(a) For 1997–98 to 2001–02 data on separations and patient days for public patients, private patients and other categories of patients in the public and private sector are presented in Table 6.5.

(b) Annual average change.

(c) Figures are rates per 1,000 directly age-standardised to the Australian population at 30 June 2001. For private hospitals, rates were derived using populations of the reporting states and territories only, without adjustment for incomplete reporting.

(d) Includes the Department of Veterans' Affairs hospitals for 1997–98 only.

(e) Caution should be used with average length of stay for public psychiatric hospitals. The figures include a small percentage of long stay patients who can affect the average markedly. The median length of stay in 2001–02 was 7 days and the median length of stay excluding same day separations was 9 days.

(f) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See Appendix 4 for details.

(g) The hospital type was not specified for Tasmanian private hospitals reporting to the NHMD for 2000–01 and 2001–02. Thus, data for Tasmania are included in the total for Private hospitals but not for the private hospital sub-categories.

(h) Excludes public psychiatric hospitals.

.. not available.

n.a. not applicable.

Table 2.4: Summary of separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
Public acute hospitals	1,251,447	1,089,471	694,262	350,589	359,498	79,299	61,945	63,482	3,949,993
Public psychiatric hospitals	12,270	393	459	2,170	2,836	188	n.a.	n.a.	18,316
Private hospitals ^{(a)(e)}	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189
Private free-standing day hospital facilities ^(e)	149,316	60,791	122,205	26,086	18,202	..	..	..	376,600
Other private hospitals ^(e)	543,226	519,045	470,869	239,046	179,568	..	27,186	..	1,978,940
Public acute & private hospitals ^(f)	1,943,989	1,669,307	1,287,336	615,721	557,268	149,948	89,131	63,482	6,376,182
Total	1,956,259	1,669,700	1,287,795	617,891	560,104	150,136	89,131	63,482	6,394,498
Overnight separations									
Public hospitals	734,699	510,713	366,165	183,340	185,930	41,539	28,653	29,028	2,080,067
Public acute hospitals	724,865	510,320	365,707	181,194	183,296	41,357	28,653	29,028	2,064,420
Public psychiatric hospitals	9,834	393	458	2,146	2,634	182	n.a.	n.a.	15,647
Private hospitals ^{(a)(e)}	262,731	231,110	224,065	116,516	92,176	32,436	14,059	..	973,093
Private free-standing day hospital facilities ^(e)	3,386	0	0	443	13	..	..	..	3,842
Other private hospitals ^(e)	259,345	231,110	224,065	116,073	92,163	..	14,059	..	936,815
Public acute & private hospitals ^(f)	987,596	741,430	589,772	297,710	275,472	73,793	42,712	29,028	3,037,513
Total	997,430	741,823	590,230	299,856	278,106	73,975	42,712	29,028	3,053,160
Same day separations									
Public hospitals	529,018	579,151	328,556	169,419	176,404	37,948	33,292	34,454	1,888,242
Public acute hospitals	526,582	579,151	328,555	169,395	176,202	37,942	33,292	34,454	1,885,573
Public psychiatric hospitals	2,436	0	1	24	202	6	n.a.	n.a.	2,669
Private hospitals ^{(a)(e)}	429,811	348,726	369,009	148,616	105,594	38,213	13,127	..	1,453,096
Private free-standing day hospital facilities ^(e)	145,930	60,791	122,205	25,643	18,189	..	..	..	372,758
Other private hospitals ^(e)	283,881	287,935	246,804	122,973	87,405	..	13,127	..	1,042,125
Public acute & private hospitals ^(f)	956,393	927,877	697,564	318,011	281,796	76,155	46,419	34,454	3,338,669
Total	958,829	927,877	697,565	318,035	281,998	76,161	46,419	34,454	3,341,338
Same day separations as a % of total									
Public hospitals	41.9	53.1	47.3	48.0	48.7	47.7	53.7	54.3	47.6
Public acute hospitals	42.1	53.2	47.3	48.3	49.0	47.8	53.7	54.3	47.7
Public psychiatric hospitals	19.9	0.0	0.2	1.1	7.1	3.2	n.a.	n.a.	14.6
Private hospitals ^{(a)(e)}	62.1	60.1	62.2	56.1	53.4	54.1	48.3	..	59.9
Private free-standing day hospital facilities ^(e)	97.7	100.0	100.0	98.3	99.9	..	..	..	99.0
Other private hospitals ^(e)	52.3	55.5	52.4	51.4	48.7	..	48.3	..	52.7
Public acute & private hospitals ^(f)	49.2	55.6	54.2	51.6	50.6	50.8	52.1	54.3	52.4
Total	49.0	55.6	54.2	51.5	50.3	50.7	52.1	54.3	52.3

(continued)

Table 2.4 (continued): Summary of separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations per 1,000 population^(a)									
Public hospitals	188.6	222.5	192.5	190.7	229.7	165.0	216.3	394.3	202.8
Public acute hospitals	186.7	222.4	192.4	189.6	227.9	164.6	216.3	394.3	201.8
Public psychiatric hospitals	1.9	0.1	0.1	1.1	1.9	0.4	n.a.	n.a.	0.9
Private hospitals ^{(d)(e)}	103.4	118.2	165.5	143.0	123.0	145.3	93.9	..	124.8
Private free-standing day hospital facilities ^(e)	22.3	12.4	34.0	14.0	11.1	..	..	..	20.2
Other private hospitals ^(e)	81.1	105.8	131.5	129.0	111.8	..	93.9	..	104.4
Public acute & private hospitals ^(f)	290.1	340.6	357.9	332.6	350.8	309.9	310.3	394.3	326.6
Total	292.0	340.6	358.0	333.7	352.7	310.3	310.3	394.3	327.5
Average public cost weight of separations^(b)									
Public hospitals	1.05	0.96	0.98	0.96	1.01	1.06	0.99	0.76	0.99
Public acute hospitals	1.05	0.96	0.98	0.95	0.99	1.06	0.99	0.76	0.99
Public psychiatric hospitals	1.62	2.33	2.94	2.30	2.64	2.04	n.a.	n.a.	1.88
Private hospitals ^{(d)(e)}	0.90	0.92	0.89	0.88	1.00	0.95	1.07	..	0.91
Private free-standing day hospital facilities ^(e)	0.53	0.44	0.51	0.47	0.61	..	..	..	0.51
Other private hospitals ^(e)	1.01	0.98	0.98	0.93	1.04	..	1.07	..	0.99
Public acute & private hospitals ^(f)	1.00	0.94	0.94	0.92	1.00	1.01	1.01	0.76	0.96
Total	1.00	0.95	0.94	0.92	1.00	1.01	1.01	0.76	0.96
Average private cost weight of separations^(b)									
Private hospitals ^{(d)(e)}	0.85	0.94	0.84	0.84	0.95	0.96	1.01	..	0.88
Private free-standing day hospital facilities ^(e)	0.48	0.43	0.47	0.40	0.49	..	..	..	0.46
Other private hospitals ^(e)	0.96	1.00	0.94	0.89	0.99	..	1.01	..	0.96
Patient days									
Public hospitals	5,868,132	4,092,312	2,593,756	1,362,604	1,561,539	361,871	220,017	206,126	16,266,357
Public acute hospitals	5,114,829	4,065,970	2,404,114	1,289,398	1,460,328	330,108	220,017	206,126	15,090,890
Public psychiatric hospitals	753,303	26,342	189,642	73,206	101,211	31,763	n.a.	n.a.	1,175,467
Private hospitals ^{(d)(e)}	1,878,382	1,680,099	1,740,851	755,101	597,336	221,303	84,333	..	6,957,405
Private free-standing day hospital facilities ^(e)	149,316	60,791	122,205	26,086	18,343	..	..	..	376,741
Other private hospitals ^(e)	1,729,066	1,619,308	1,618,646	729,015	578,993	..	84,333	..	6,359,361
Public acute & private hospitals ^(f)	6,993,211	5,746,069	4,144,965	2,044,499	2,057,664	551,411	304,350	206,126	22,048,295
Total	7,746,514	5,772,411	4,334,607	2,117,705	2,158,875	583,174	304,350	206,126	23,223,762
Patient days per 1,000 population^(a)									
Public hospitals	870.2	827.3	726.4	752.6	950.1	732.0	804.2	1,327.4	829.4
Public acute hospitals	756.2	821.9	674.3	713.3	884.8	668.7	804.2	1,327.4	769.3
Public psychiatric hospitals	114.0	5.4	52.1	39.3	65.2	63.3	n.a.	n.a.	60.2
Private hospitals ^{(d)(e)}	278.2	339.5	492.4	417.5	360.0	446.5	309.1	..	356.7
Private free-standing day hospital facilities ^(e)	22.3	12.4	34.0	14.0	11.2	..	..	..	20.2
Other private hospitals ^(e)	255.9	327.0	458.5	403.5	348.7	..	309.1	..	334.6
Public acute & private hospitals ^(f)	1,034.4	1,161.3	1,166.7	1,130.8	1,244.8	1,115.2	1,113.3	1,327.4	1,126.0
Total	1,148.4	1,166.7	1,218.8	1,170.1	1,310.0	1,178.5	1,113.3	1,327.4	1,183.8

(continued)

Table 2.4 (continued): Summary of separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (days)									
Public hospitals	4.6	3.8	3.7	3.9	4.3	4.6	3.6	3.2	4.1
Public acute hospitals	4.1	3.7	3.5	3.7	4.1	4.2	3.6	3.2	3.8
Public psychiatric hospitals ^(c)	61.4	67.0	413.2	33.7	35.7	169.0	n.a.	n.a.	64.2
Private hospitals ^{(d)(e)}	2.7	2.9	2.9	2.8	3.0	3.1	3.1	..	2.9
Private free-standing day hospital facilities ^(e)	1.0	1.0	1.0	1.0	1.0	..	..	..	1.0
Other private hospitals ^(e)	3.2	3.1	3.4	3.0	3.2	..	3.1	..	3.2
Public acute & private hospitals ^(f)	3.6	3.4	3.2	3.3	3.7	3.7	3.4	3.2	3.5
Total	4.0	3.5	3.4	3.4	3.9	3.9	3.4	3.2	3.6
Average length of stay, excluding same day separations (days)									
Public hospitals	7.3	6.9	6.2	6.5	7.4	7.8	6.5	5.9	6.9
Public acute hospitals	6.3	6.8	5.7	6.2	7.0	7.1	6.5	5.9	6.4
Public psychiatric hospitals ^(c)	76.4	67.0	414.1	34.1	38.3	174.5	n.a.	n.a.	75.0
Private hospitals ^{(d)(e)}	5.5	5.8	6.1	5.2	5.3	5.6	5.1	..	5.7
Private free-standing day hospital facilities ^(e)	1.0	n.a.	n.a.	1.0	n.a.	..	..	..	1.0
Other private hospitals ^(e)	5.6	5.8	6.1	5.2	5.3	..	5.1	..	5.7
Public acute & private hospitals ^(f)	6.1	6.5	5.8	5.8	6.4	6.4	6.0	5.9	6.2
Total	6.8	6.5	6.2	6.0	6.7	6.9	6.0	5.9	6.5

(a) Figures are directly age-standardised to the Australian population at 30 June 2001. In the *Total* column, the rates for private hospitals were derived using populations of the reporting states and territories only, without adjustment for incomplete reporting.

(b) Separations for which the care type was reported as acute, or as newborn with qualified patient days, or was not reported. For further details, see Chapter 11. Public national cost weights were used for all rows under *Average public cost weight of separations*. Private national cost weights were used for all rows in *Average private cost weight of separations*.

(c) Caution should be used with average length of stay for public psychiatric hospitals. The figures include a small percentage of long stay patients who can affect the average markedly.

(d) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See Appendix 4 for details.

(e) The hospital type was not specified for Tasmanian private hospitals reporting to the NHMD for 2000–01 and 2001–02.

(f) Excludes public psychiatric hospitals, but not for the private hospital sub-categories.

.. not available.

n.a. not applicable.

Table 2.5: Non-admitted patient occasions of service^(a), by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2001–02

Type of non-admitted patient care	NSW ^(b)	Vic	Qld	WA	SA	Tas	ACT	NT ^(c)	Total ^(d)
Public acute hospitals									
Individual occasions of service									
Accident & emergency ^(e)	2,003,438	1,210,195	1,220,435	560,847	468,896	100,772	94,763	95,320	5,754,666
Subsequently admitted	442,553	303,064	n.a.	63,871	94,879	25,007	16,320	21,514	967,208
Not subsequently admitted	994,406	646,013	n.a.	172,689	266,966	59,461	78,443	73,806	2,291,784
Subsequent admission unknown	566,479	261,118	1,220,435	324,287	107,051	16,304	0	0	2,495,674
Dialysis	3,178	n.a.	4,216	n.a.	n.a.	n.a.	n.a.	n.a.	7,394
Pathology	1,770,297	687,433	2,406,071	618,644	n.a.	186,940	32,097	68,711	5,770,193
Radiology & organ imaging	343,991	574,866	711,059	313,669	234,176	69,322	61,265	73,499	2,381,847
Endoscopy & related procedures	3,970	n.a.	2,469	n.a.	n.a.	n.a.	n.a.	n.a.	6,439
Other medical/surgical/obstetric	3,217,693	1,420,352	2,229,646	512,222	885,694	277,358	193,628	84,921	8,821,514
Mental health	105,318	886,159	79,162	141,500	18,828	1,762	7,113	n.a.	1,239,842
Alcohol & drug	351,916	33,931	42,977	n.a.	n.a.	n.a.	n.a.	n.a.	428,824
Dental	233,460	167,200	428,987	8,136	7,780	2,431	n.a.	n.a.	847,994
Pharmacy	783,689	344,663	748,383	145,784	n.a.	49,625	366	4,360	2,076,870
Allied health	2,867,431	1,013,201	583,864	929,564	246,453	114,672	8,145	11,755	5,775,085
Community health	2,762,724	433,120	178,278	750,472	n.a.	n.a.	n.a.	n.a.	4,124,594
District nursing	829,870	324,075	67,117	169,825	n.a.	n.a.	n.a.	n.a.	1,390,887
Other outreach	280,191	3,124	118,823	111,230	368,812	n.a.	14,652	n.a.	896,832
Total individual occasions of service	15,557,166	7,098,319	8,821,487	4,261,893	2,230,639	802,882	412,029	338,566	39,522,981
Group sessions									
Other medical/surgical/obstetric	47,288	..	5,699	27	5,713	..	2,049	..	60,776
Mental health	6,022	..	1,640	3,989	1,594	..	2,491	..	15,736
Alcohol & drug	2,094	..	n.a.	n.a.	n.a.	..	n.a.	..	2,094
Allied health	52,590	..	10,765	16,321	7,633	..	725	..	88,034
Community health	96,534	..	3,337	17,038	n.a.	..	n.a.	..	116,909
District nursing	3,749	..	122	2,480	n.a.	..	n.a.	..	6,351
Other outreach	4,478	..	386	2,017	108,129	..	70	..	115,080
Total group sessions	212,913	38,951	21,949	41,872	123,069	..	5,335	..	444,089
Public psychiatric hospitals									
Emergency & outpatient individual sessions	37,874	..	212	5,550	..	..	n.a.	n.a.	43,636
Emergency & outpatient group sessions	1,159	..	69	622	..	..	n.a.	n.a.	1,850
Outreach/community individual sessions	123,698	..	80,553	..	..	..	n.a.	n.a.	204,251
Outreach/community group sessions	4,273	..	0	..	..	..	n.a.	n.a.	4,273
Total services	167,004	..	80,834	6,172	..	..	n.a.	n.a.	254,010

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) Data for *Accident and emergency* include subsequently admitted patients but other non-admitted occasions of service counts do not. Breakdown of service types shows considerable variation in NSW data from 2000–01 to 2001–02. The reason for this is that on 1 July, 2001, NSW adopted the 'Non-admitted patient service type' (NHDD ID 000440) classification for occasions of service. Data are correct as to totals but further checking of the consistency of reporting is underway and amended data may be made available on the internet.

(c) Radiology figures for the Northern Territory are underestimated and pathology figures relate only to 3 of the 5 hospitals.

(d) Includes only those states and territories for which data are available.

(e) Method for determining which patients were subsequently admitted varies. See text for details.
.. not available.

Table 2.6: Accident and emergency non-admitted patient occasions of service, by remoteness area of hospital, public acute hospitals, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency services									
Major cities of Australia	1,116,925	788,228	458,302	260,548	314,244	n.a.	94,763	n.a.	3,033,010
Inner regional	611,293	318,693	356,362	46,205	48,714	64,855	0	n.a.	1,446,122
Outer regional	227,056	103,274	265,525	101,840	69,731	28,082	n.a.	36,933	832,441
<i>Total regional</i>	<i>838,349</i>	<i>421,967</i>	<i>621,887</i>	<i>148,045</i>	<i>118,445</i>	<i>92,937</i>	<i>0</i>	<i>36,933</i>	<i>2,278,563</i>
Remote	33,199	0	79,070	91,626	24,209	6,372	n.a.	42,048	276,524
Very remote	14,965	n.a.	61,176	60,628	11,998	1,463	n.a.	16,339	166,569
<i>Total remote</i>	<i>48,164</i>	<i>0</i>	<i>140,246</i>	<i>152,254</i>	<i>36,207</i>	<i>7,835</i>	<i>n.a.</i>	<i>58,387</i>	<i>443,093</i>
Total	2,003,438	1,210,195	1,220,435	560,847	468,896	100,772	94,763	95,320	5,754,666
Ratio of accident and emergency services provided in area to 1,000 population resident in area^(a)									
Major cities of Australia	238	223	241	194	290	n.a.	297	n.a.	236
Inner regional	453	313	380	199	260	216	0	n.a.	359
Outer regional	470	409	411	547	390	175	n.a.	346	413
<i>Total regional</i>	<i>458</i>	<i>332</i>	<i>393</i>	<i>354</i>	<i>324</i>	<i>202</i>	<i>0</i>	<i>346</i>	<i>377</i>
Remote	845	0	855	1,010	531	761	n.a.	1,003	853
Very remote	1,871	n.a.	1,160	1,228	812	560	n.a.	333	933
<i>Total remote</i>	<i>1,019</i>	<i>0</i>	<i>966</i>	<i>1,087</i>	<i>600</i>	<i>713</i>	<i>n.a.</i>	<i>642</i>	<i>881</i>
Total	305	252	336	295	310	214	297	482	296

(a) The ratio of services provided in the area to the number of residents in the area only approximates population utilisation as services provided in the area may be provided to persons residing in other remoteness area categories.
n.a. not applicable.

Table 2.7: Non-admitted patient occasions of service ('000), by type of non-admitted patient care, private hospitals, states and territories, 2000–01

Type of non-admitted patient care	NSW & ACT	Vic	QLD	SA & NT	WA	Tas	Total
Accident and emergency ^(a)	73.9	127.2	117.9	45.0	90.3	..	504.9
Outpatient services ^(b)	248.1	562.3	222.8	11.7	75.9	..	1,128.9
Other non-admitted services ^(c)	..	..	..	..	..	..	136.2
Other	..	..	..	..	..	0.0	44.0
Total	448.9	714.0	342.2	59.8	183.4	65.8	1,814.0

(a) Including hospitals which do not have a formal accident and emergency unit but which treated accident and emergency patients during the year

(b) Includes *Dialysis, Radiology and organ imaging, Endoscopy, Pathology, Other Medical/Surgical/Diagnostic, Psychiatric, Alcohol and drug, Dental, Pharmacy and Allied health services.*

(c) Includes *Community health services, District nursing services and Non-medical and social services.*

.. not available

Source: Australian Bureau of Statistics' Private Health Establishments Collection, unpublished data.

3 Public hospital establishments

Introduction

This chapter describes the public hospital sector in terms of the number of hospitals, availability of hospital beds, staff employed and specialised services provided. This chapter also provides information on public hospital expenditure and revenue. The main source of data is the National Public Hospital Establishments Database. Data on specialised services, expenditure, staffing and revenue for some small hospitals in Tasmania were incomplete.

Hospital size

Table 3.1 presents information on the distribution of hospitals by their size, which has been determined by the number of available beds. There were more small sized hospitals, particularly in those jurisdictions that cover large geographic areas. The majority of beds were in larger hospitals and in more densely populated areas. Although 71% of hospitals had fewer than 50 beds, these small hospitals had only 20% of available beds. The largest hospital had 809 beds and the median hospital size was 26 beds.

Further detail about the characteristics and numbers of public hospitals is included in Appendix 4 and, by public hospital peer group, in Tables 4.2 and 4.3.

Regional distribution of beds

The Remoteness Area classification is used in Table 3.2 to present the regional distribution of public hospitals and beds. Information on the number of available beds per 1,000 population is also provided as a comparative measure across states and territories. Information on the Remoteness Area classification is included in Appendix 3.

Nationally, there were 2.7 public hospital beds per 1,000 population. The ratio of public hospital beds in an area to the population resident in the area ranged from 2.1 beds per 1,000 population in the Australian Capital Territory to 3.3 beds per 1,000 population in South Australia.

On a regional basis, the ratio of public hospital beds in an area to the population resident in the area ranged from 2.4 beds per 1,000 population nationally in major cities, to 2.9 beds per 1,000 population in regional areas and 5.1 beds per 1,000 population in remote and very remote areas. In contrast, there were fewer private hospital beds outside of the major cities (AIHW: Strong et al. 1998). There is not an exact geographic fit between population distribution and the distribution of hospital services. Hospitals based in central locations can also serve patients who reside in other areas of a state or territory or in other jurisdictions.

The higher rates of beds in regional and remote areas reflects factors such as the lower numbers of medical practitioners per 1,000 population in areas outside of the major cities (AIHW 2002c). This difference in the supply of beds is reflected by utilisation rates for each hospital sector (see Figures 7.8 and 7.9 and Tables 4.7, 4.9 and 7.12).

Specialised services

Data relating to the availability of specialised services (such as obstetric/ maternity services, intensive care units, cancer treatment centres and organ transplant services) for all states and territories are presented in Table 3.3. By far, the most common specialised services offered by hospitals were domiciliary care services and services provided by obstetric/ maternity and nursing home care units. By contrast, acute spinal cord injury units and pancreas, heart and liver transplant services were provided by only a few hospitals, reflecting the highly specialised nature of those services.

Data on specialised services were not available for a few hospitals so the services may be under-enumerated.

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, there are some regional and remote hospitals that report having an obstetric unit and reported less than one delivery a week on average to the National Hospital Morbidity Database. There are also a few hospitals that report not having an obstetric unit, that reported two or more deliveries a day. For information on service-related definitions of specialised services see Appendix 5 on Service Related Groups.

Staffing

Information on the number of full-time equivalent staff employed in public hospitals by state and territory is presented in Table 3.4, as the average available staff for the year. The collection of data by staffing category is not consistent among states and territories – for some jurisdictions, best estimates are reported for some staffing categories. New South Wales was unable to provide information for each nurse category, although data on total nurse numbers are provided.

Nationally, 192,187 full-time equivalent staff were employed in the public hospital sector in 2001–02. Nurses constituted 44% (84,265) of public hospital staff; registered nurses were the largest group in those states and territories that reported a breakdown of the nursing categories.

There were 18,628 salaried medical officers employed in public hospitals throughout Australia, representing 10% of the public hospital labour force. Information on numbers of visiting medical officers (VMOs), who are contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals, is not available due to problems in the collection of systematic data on the hours, sessions and/or services provided by VMOs in many hospitals. (See Table 3.5 for data on payments to VMOs.)

Variation in some staffing categories (in particular, *Other personal care staff* and *Domestic and other staff*) is most likely due to different reporting practices within the states. Queensland, in particular, has noted that there is little difference between these categories, and that an employee may perform different functions within these two categories on different days. South Australia, Tasmania, Victoria and New South Wales did not provide data on *Other personal care staff* and these staff are included in the *Diagnostic and allied health* and *Domestic and other* staffing categories.

There has been an increase in the outsourcing of services with a large labour-related component (e.g. food services and domestic services). Increased outsourcing may explain some of the decline in full-time equivalent staff in some staffing categories and also some of the differences between the states and territories.

Recurrent expenditure

Nationally, recurrent expenditure by public acute and psychiatric hospitals was \$16,848 million in 2001–02. Information on gross recurrent expenditure, categorised into salary and non-salary expenditure, is presented in Table 3.5.

There was an increase in expenditure of 8.4% (\$1,303 million) in current prices between 2000–01 and 2001–02. In constant prices (referenced to 2000–01), national expenditure was \$16,321 million in 2001–02, and represented a real increase in expenditure of 5.0% over 2000–01.

The largest contributor to these increases was an increase in recurrent expenditure of \$477 million (current prices) by Victoria, which included \$310 million increase for salaries and wages expenditure – \$170 million for nurses. This increase also includes an amount of \$41 million expended by the Victorian Department of Human Services on insurance premiums for public hospitals, which was included in Victoria’s expenditure data for the first time this year.

The largest share of expenditure for 2001–02 was for salary payments. Even when payments to VMOs and payments for outsourced services, which include large labour components, are excluded, salary payments accounted for 63% of the \$16.8 billion spent within the public hospital system. Salary payments include salaries and wages, payments to staff on paid leave, workers’ compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data are available.

Medical and surgical supplies (which include consumable supplies only and not equipment purchases), administrative expenses and drug supplies were the major non-salary expenses for public hospitals nationally. Queensland has included payments for pathology provided by the state-wide pathology services.

Depreciation has also been reported in Table 3.5, with Victoria reporting depreciation for the first time. The data show that there is variation between states and territories in reporting, ranging from 6.3% of total expenditure in Queensland to 3.4% in Victoria and Western Australia. It is anticipated that comparable data on depreciation will become increasingly available.

Revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from state or territory governments) is reported in Table 3.6. In this table, states and territories have reported revenue against three categories: *Patient revenue*, *Recoveries* (income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries), and *Other revenue* (such as from charities). In data reported for Queensland, *Patient revenue* includes revenue for items such as pharmacy and ambulance, which could be considered as *Recoveries*.

Australian public hospitals received \$1.53 billion in revenue in 2001–02. This was equivalent to 9.1% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure was, however, variable across states and territories. Public hospital revenue in Tasmania represented 13% of expenditure, whereas public hospital revenues in Queensland and South Australia represented less than 5% of expenditure.

There is some variation among the states and territories in the treatment of revenue data. For example, Victoria's *Other revenue* includes Commonwealth grants. In contrast, the Northern Territory does not include Commonwealth grants in its revenue figures, although they were included in 2000–01 (and hence the Northern Territory's reported revenue fell from around \$20 million in 2000–01 to around \$14 million in 2001–02). In 2000–01 some New South Wales state operating subsidy was inadvertently included in *Other revenue* (\$202 million). This has been corrected in the time series data in Table 2.1.

There is also some inconsistency in the treatment of income from asset sales. Western Australia netted out asset sales in their capital expenditure accounts, and South Australia netted out land sales in their capital expenditure accounts and reported sales from other surplus goods in the revenue figures. Both the Australian Capital Territory and the Northern Territory reported revenue from asset disposal as part of *Other revenue*. Victoria and Queensland account for asset sales in their capital expenditure accounts. The income from asset disposal (apart from major assets such as land, buildings and some motor vehicles) is usually not very significant as capital assets are generally retained until they are either worn out or obsolete, making their residual value comparatively small. Sometimes there is even a net cost incurred in disposing of an asset.

Notes on financial data

Expenditure reported in Table 3.5 is largely expenditure by hospitals and not necessarily all expenditure on hospital services by the state or territory government. Revenue reported in Table 3.6 is largely revenue received by individual hospitals, and does not necessarily include all revenue received by the state or territory government for provision of hospital services.

For example, for some states and territories, expenditure on services purchased by the state or territory government from private hospitals is not included in Table 3.5. New South Wales, for example, has reported that, in 2001–02, the state government spent \$74.8 million on services purchased from two private hospitals, and this amount is not included in Table 3.5. Expenditure by state and territory governments on their residents treated as public patients in other jurisdictions is also not identified in Table 3.5 for the purchasing jurisdiction. It would be largely reflected as expenditure in other jurisdictions' columns in Table 3.5, but would not be included in Table 3.6, which excludes general revenue payments from the state and territory governments. In relation to these 'cross-border flows', New South Wales, for example, reported \$88.4 million as expenditure on New South Wales residents treated as public patients in other jurisdictions, and \$1.7 million as revenue for treatment of residents of other jurisdictions as public patients in its hospital system (a net \$86.7 million outflow).

Financial data reported from the National Public Hospital Establishments Database are not comparable with data reported in the Institute's annual publication *Health Expenditure Australia* (AIHW 2002d). For the latter, trust fund expenditure is included (whereas it is not generally included in the data here), and hospital expenditure may be defined to cover activity not covered by this data collection.

Capital formation expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National Health Data Dictionary* (NHDD) (NHDC 2001) categories. There remains more developmental work to be carried out in the area of capital and expenditure reporting in the capacity of the states to report as specified in the NHDD.

It should also be noted that, because some states and territories have not fully implemented accrual accounting procedures and systems, expenditure and revenue presented in the current report are mixtures of expenditure/payments and revenue/receipts, respectively. Depreciation represents a significant portion of expenditure and has been excluded from expenditure totals to ensure comparability across jurisdictions.

Table 3.1: Number of public acute and psychiatric hospitals ^(a) and available beds, by hospital size, states and territories, 2001–02

Hospital size ^(b)	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or less beds	11	38	66	22	7	17	1	0	162
More than 10 to 50 beds	130	50	78	47	55	6	0	2	368
More than 50 to 100 beds	31	21	12	8	9	0	0	1	82
More than 100 to 200 beds	25	14	13	6	3	1	1	1	64
More than 200 to 500 beds	15	21	8	4	5	2	1	1	57
More than 500 beds	6	0	4	2	1	0	0	0	13
Total	218	144	181	89	80	26	3	5	746
Available beds									
10 or less beds	68	213	219	167	45	83	10	n.a.	805
More than 10 to 50 beds	3,391	1,263	1,909	1,074	1,443	131	n.a.	50	9,261
More than 50 to 100 beds	2,245	1,534	939	534	611	n.a.	n.a.	60	5,923
More than 100 to 200 beds	3,665	2,065	1,869	914	513	131	162	153	9,472
More than 200 to 500 beds	4,607	6,566	2,269	1,314	1,811	764	498	297	18,126
More than 500 beds	3,426	n.a.	2,675	1,139	634	n.a.	n.a.	n.a.	7,874
Total	17,402	11,641	9,880	5,142	5,057	1,109	670	560	51,461

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 4 for more detail.

(b) Size is based on the number of available beds.

(c) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database. n.a. not applicable.

Table 3.2: Number of hospitals^(a) and ratio of available beds in area to 1,000 population resident in area, by Remoteness Area, public acute and psychiatric hospitals, states and territories, 2001–02

Region	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities of Australia	65	48	22	15	14	0	3	0	167
Inner regional	75	58	26	9	16	8	0	0	192
Outer regional	63	36	55	28	28	14	0	1	225
<i>Total regional</i>	138	94	81	37	44	22	0	1	417
Remote	12	2	34	24	16	2	0	2	92
Very remote	3	0	44	13	6	2	0	2	70
<i>Total remote</i>	15	2	78	37	22	4	0	4	162
Total all regions	218	144	181	89	80	26	3	5	746
Ratio of available beds in area to 1,000 population resident in area									
Major cities of Australia	2.4	2.3	2.5	2.5	2.9	n.a.	2.1	n.a.	2.4
Inner regional	3.0	2.8	2.2	1.4	2.6	2.7	0.0	n.a.	2.6
Outer regional	3.6	3.1	3.3	4.2	5.5	1.6	n.a.	2.8	3.5
<i>Total regional</i>	3.1	2.9	2.7	2.7	4.0	2.3	0.0	2.8	2.9
Remote	5.9	2.3	5.0	5.5	7.6	3.0	n.a.	5.1	5.5
Very remote	6.8	n.a.	7.7	3.5	6.4	3.4	n.a.	1.0	4.4
<i>Total remote</i>	6.0	2.3	6.0	4.8	7.3	3.1	n.a.	2.9	5.1
Total all regions	2.6	2.4	2.7	2.7	3.3	2.4	2.1	2.8	2.7

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 4 for more detail.

(b) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database. n.a. not applicable.

Table 3.3: Number of public acute hospitals^(a) with specialised services, states and territories, 2001–02

Specialised services	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(c)	Tas ^(b)	ACT	NT	Total
Acute renal dialysis unit	14	11	10	4	4	2	1	1	47
Acute spinal cord injury unit	2	1	1	2	1	0	0	0	7
AIDS unit	9	3	4	1	1	0	1	1	20
Alcohol and drug unit	32	16	8	1	4	0	0	1	62
Burns unit (level III)	4	2	2	2	2	1	0	0	13
Cardiac surgery unit	11	8	4	4	2	1	1	0	31
Clinical genetics unit	11	5	2	2	2	1	1	0	24
Coronary care unit	48	29	21	4	10	3	2	2	119
Diabetes unit	22	15	10	4	9	3	1	1	65
Domiciliary care service	141	91	30	56	56	0	0	2	376
Geriatric assessment unit	59	32	13	13	16	3	1	0	137
Hospice care unit	28	26	6	28	22	1	0	0	111
Infectious diseases unit	9	11	7	4	5	1	1	1	39
In-vitro fertilisation unit	36	17	12	4	5	3	1	2	80
Intensive care unit (level III)	3	4	0	1	2	0	0	0	10
Maintenance renal dialysis centre	37	51	16	12	10	2	1	3	132
Major plastic/reconstructive surgery unit	11	10	4	3	5	2	1	0	36
Neonatal intensive care unit (level III)	10	4	3	1	2	1	1	1	23
Neurosurgical unit	11	8	6	3	4	1	1	0	34
Nursing home care unit	49	76	5	38	46	10	0	0	224
Obstetric/maternity service	84	67	63	33	31	5	3	5	291
Oncology unit	32	30	8	5	7	3	2	0	87
Psychiatric unit/ward	34	31	16	10	8	3	2	2	106
Refractory epilepsy unit	5	4	0	3	2	1	0	0	15
Rehabilitation unit	48	28	13	12	20	3	1	2	127
Sleep centre	12	7	6	2	4	0	0	0	31
Specialist paediatric service	39	23	32	12	8	3	2	3	122
Transplantation unit—bone marrow	9	7	6	3	3	1	1	0	30
Transplantation unit—heart (including heart/lung)	1	2	1	1	0	0	0	0	5
Transplantation unit—liver	2	2	2	1	1	0	0	0	8
Transplantation unit—pancreas	1	1	0	1	0	0	0	0	3
Transplantation unit—renal	9	6	1	3	1	0	0	0	20

(a) Excludes psychiatric hospitals.

(b) These data were not available for a small number of hospitals, so the number of services is therefore slightly under-enumerated

(c) May be a slight underestimate as some small multi-campus rural services reported at network rather than campus level. Consequently if two campuses within the group had a specialised type of service, they were counted as one.

Table 3.4: Average full-time equivalent staff, ^(a) public acute and psychiatric hospitals, states and territories, 2001–02

Staffing category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(b)	Tas ^(f)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaries medical officers	6,481	4,521	3,320	1,702	1,714	347	290	253	18,628
Registered nurses	..	17,868	11,980	6,821	5,962	1,575	1,271	819	..
Enrolled nurses	..	3,195	2,200	769	1,663	159	195	125	..
<i>Total nurses</i>	29,663	21,063	14,180	7,590	7,625	1,734	1,466	944	84,265
Other personal care staff	..	..	557	31	..	..	137	98	823
Diagnostic & allied health professionals	9,516	8,040	3,145	2,151	2,161	363	316	155	25,847
Administrative & clerical staff	10,252	7,666	4,752	3,079	3,231	528	499	355	30,362
Domestic & other staff	11,501	6,259	6,488	3,474	2,897	946	165	532	32,262
Total staff	67,413	47,549	32,442	18,027	17,628	3,918	2,873	2,337	192,187

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2002 were used. Staff contracted to provide products (rather than labour) are not included

(b) Other personal care staff are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(c) For Victoria, FTEs may be slightly understated. Other personal care staff are included in *Domestic & other staff*.

(d) Queensland pathology services are provided by staff employed by the state pathology service not reported here

(e) Other personal care staff for Western Australia excludes staff on retention who do not work regular hours. Many hospitals were unable to provide a split between nurse categories and these have been coded as *Registered nurses*.

(f) Data for 6 small Tasmanian hospitals not supplied. Other personal care staff are included in *Domestic & other staff*.

.. not available.

Table 3.5: Recurrent expenditure (\$'000), public acute and psychiatric hospitals, states and territories, 2001–02

Recurrent expenditure category	NSW ^(a)	Vic	Qld ^(b)	WA	SA ^(c)	Tas ^(d)	ACT	NT ^(e)	Total
Salary and wages expenditure									
Salaried medical officers	641,804	607,240	326,815	199,628	148,335	32,607	34,648	33,720	2,024,797
Registered nurses	..	1,156,104	657,980	409,995	323,869	88,217	68,590	54,697	..
Enrolled nurses	..	147,944	88,890	27,331	69,570	7,305	8,336	6,553	..
<i>Total nurses</i>	1,612,145	1,304,048	746,870	437,326	393,439	95,522	76,926	61,250	4,727,526
Other personal care staff	..	..	19,241	833	..	..	5,445	3,810	29,329
Diagnostic & allied health professionals	485,470	409,203	166,279	106,949	90,323	20,542	15,340	11,449	1,305,555
Administrative & clerical staff	457,901	343,082	184,714	129,303	101,647	20,507	21,621	15,317	1,274,092
Domestic & other staff	398,734	245,044	228,189	130,472	66,248	46,399	5,860	22,903	1,143,849
Salary expenditure category, not further categorised	n.a.	16,635	n.a.	n.a.	n.a.	1,306	n.a.	n.a.	17,941
Total salary & wages expenditure	3,596,054	2,925,252	1,672,108	1,004,511	799,992	216,883	159,840	148,449	10,523,089
Non-salary expenditure									
Payments to visiting medical officers	308,849	106,090	57,324	59,289	64,828	11,979	21,639	3,340	633,338
Superannuation payments	306,492	208,276	157,152	83,931	68,769	21,966	19,606	8,787	874,979
Drug supplies	291,933	206,048	140,529	86,259	66,900	16,463	9,988	11,705	829,825
Medical & surgical supplies	494,934	345,493	249,665	106,168	78,793	49,534	24,231	14,653	1,363,471
Food supplies	79,770	54,083	22,577	11,743	10,567	4,565	3,375	2,099	188,779
Domestic services	138,581	116,077	84,818	79,124	38,831	11,885	13,277	10,474	493,067
Repairs & maintenance	147,521	95,205	56,098	48,106	40,785	9,528	5,760	3,636	406,639
Patient transport	42,576	21,035	15,958	13,492	9,949	2,317	684	6,120	112,131
Administrative expenses	378,444	312,091	133,851	84,755	39,063	14,256	23,304	7,099	992,863
Interest payments	532	374	10	15,086	1,792	..	125	..	17,919
Depreciation	290,360	160,211	176,602	56,549	240	..	12,753	..	..
Other recurrent expenditure	71,169	120,035	17,459	13,185	133,275	14,217	23,284	11,688	404,312
Non-salary expenditure, not further categorised	n.a.	7,268	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	7,268
Total non-salary expenditure excluding depreciation	2,260,801	1,592,075	935,441	601,138	553,552	156,710	145,273	79,601	6,324,591
Total non-salary expenditure including depreciation	2,551,161	1,752,286	1,112,043	657,687	..	..	158,026	..	..
Total expenditure excluding depreciation	5,856,855	4,517,327	2,607,549	1,605,649	1,353,544	373,593	305,113	228,050	16,847,680
Public acute hospitals	5,674,552	4,493,423	2,527,659	1,554,989	1,278,414	373,593	305,113	228,050	16,424,408
Psychiatric hospitals	182,303	23,904	79,890	50,660	75,130	11,385	n.a.	n.a.	423,272
Total expenditure including depreciation	6,147,215	4,677,538	2,784,151	1,662,198	..	..	317,866	..	n.a.
Public acute hospitals	5,954,281	4,652,940	2,694,737	1,610,432	..	..	317,866	..	n.a.
Psychiatric hospitals	192,934	24,598	89,414	51,766	..	..	n.a.	n.a.	n.a.

(a) New South Wales hospital expenditure recorded against special purposes and trust funds is excluded. Other personal care staff are included in Diagnostic & allied health professionals and Domestic & other staff.

(b) Pathology services are purchased from a statewide pathology service rather than being provided by hospital employees.

(c) South Australian Other personal care staff are included in Diagnostic & allied health professionals and Domestic & other staff. Interest payments are included in Administrative expenses. Termination payments are included in Other recurrent expenditure. Depreciation only reported for small subset of hospitals.

(d) Tasmanian data for 2 small hospitals not supplied and data for one small hospital incomplete. Other personal care staff are reported as part of Domestic & other staff.

(e) Interest payments are not reported.

n.a. not applicable.

.. not available.

Table 3.6: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2001-02

Revenue source	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(c)	ACT	NT	Total
Patient revenue	430,212	244,705	55,227	53,229	48,302	32,708	17,886	5,515	887,784
Recoveries	131,244	65,234	17,276	24,217	14	8,527	5,636	6,669	258,817
Other revenue ^(b)	90,739	200,588	47,062	22,604	11,048	7,262	3,253	2,363	384,919
Total revenue	652,195	510,527	119,565	100,050	59,364	48,497	26,775	14,547	1,531,520
Public acute hospitals	640,659	509,862	116,532	99,073	57,367	47,445	26,775	14,547	1,512,260
Psychiatric hospitals	11,536	665	3,033	977	1,997	1,052	n.a.	n.a.	19,260

(a) *Patient revenue* includes revenue for items such as pharmacy and ambulance, which may be considered to be *Recoveries*.

(b) Includes investment income, income from charities, bequests and accommodation provided to visitors.

(c) Tasmania did not supply data for 7 small hospitals.

n.a. not applicable.

4 Hospital performance indicators

Introduction

This chapter presents information on performance indicators that relate to the provision of hospital services, and some that use hospital data in assessment of the provision of other health care services. Performance indicators are defined as statistics or other units of information which reflect, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

Recently, the National Health Performance Committee (NHPC) developed a framework to report the performance of the Australian health system which has been adopted by Health Ministers (NHPC 2001). *Australian Hospital Statistics* uses this National Health Performance Framework to present performance indicator information.

This chapter describes the performance indicators presented in this chapter and elsewhere in this report, within the context of the framework. A substantial proportion of the performance indicator information in this report is included in this chapter; however, some is included elsewhere, for example for elective surgery waiting times (Chapter 5).

The performance indicators presented in this chapter include cost per casemix-adjusted separation, average salary expenditure, hospital accreditation, separation rates for selected procedures, separation rates for potentially preventable hospitalisations, average lengths of stay for a selection of AR-DRGs, relative stay indexes and emergency department waiting times.

The National Health Performance Framework

The NHPC describes the framework as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. It has three tiers: 'Health status and outcomes', 'Determinants of health' and 'Health system performance'. Questions are posed for each tier and a number of dimensions have been identified within each. The dimensions can guide the development and selection of performance indicators such that the indicators can be used together to answer each tier's questions. Sometimes, single indicators can provide information in several dimensions of the framework.

The third tier is the most directly relevant to assessment of the provision of hospital and other health care services. It has been organised into nine dimensions: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable. The questions asked for this tier are: 'How well is the health system performing in delivering quality health actions to improve the health of all Australians?' and 'Is it the same for everyone?' The latter question underlines the focus throughout the framework on equity.

Table 4.A presents the third tier from the National Health Performance Framework (NHPC 2001). Further information on the Framework is included in Chapter 4 of *Australian Hospital Statistics 2000–01* (AIHW 2000a.)

Table 4.A: The National Health Performance Framework, Tier 3

Health system performance		
<i>How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?</i>		
<i>Effective</i>	<i>Appropriate</i>	<i>Efficient</i>
Care, intervention or action achieves desired outcome.	Care/intervention/action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost-effective use of resources.
<i>Responsive</i>	<i>Accessible</i>	<i>Safe</i>
Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
<i>Continuous</i>	<i>Capable</i>	<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPC 2001.

Performance indicators in this report

Table 4.B presents performance indicator information that is in this report (both in this chapter and elsewhere), for each of the National Health Performance Framework Tier 3 dimensions. Further information relevant to the interpretation of these performance indicator data is in the text and footnotes accompanying the tables.

Effective

There are no indicators available for effectiveness of the acute care sector. However, Tables 4.8 and 4.9 present data on potentially preventable hospitalisations (PPH), which are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. These are presented by state and territory and Remoteness Area of usual residence.

Appropriate

Indicators of appropriateness include data on separation rates in Tables 2.4, 6.2, 7.7, 7.8, 7.11 and 7.12, presented for a range of different categories (such as Indigenous status, and area of usual residence) that relate to equity. These indicators should be interpreted taking into consideration the fact that separation rates are influenced not only by hospital system performance, but also by variation in underlying needs for hospitalisation, variation in admission and data recording practices (as noted elsewhere in this report) and variation in the availability of non-hospital services.

The separation rates for selected procedures in Tables 4.6 and 4.7 are also indicators of appropriateness. However, separation rates for some of the procedures may also be indicators of accessibility or of one or more dimensions relating to primary care. For example, separation rates for lens insertion, angioplasty, coronary artery bypass graft, knee replacement and hip replacement may also be indicators of accessibility, and the NHPC describes separation rates for myringotomy and tonsillectomy as indicators of the performance of the primary care sector (NHPC 2001). For all of these, statistics are presented by the state or territory and the Remoteness Area of usual residence of the patient, for equity considerations.

Data presented in Tables 7.11 and 7.12 on the state or territory and Remoteness Area of usual residence of the patient may also be indicators of accessibility of services, for example for the public and private sectors.

Efficient

The cost per casemix-adjusted separation statistics in Tables 4.1, 4.2 and 4.3 are indicators of efficiency, as are the statistics on average salaries (Table 4.4), average lengths of stay for selected AR-DRGs (Table 4.10) and relative stay indexes (Tables 4.1, 4.2, 4.3, 4.11, 4.12, 11.1 and 11.2). However, variation in length of stay, for example, may be a reflection of different types of service provision, such as between the public and private sectors, and thus not only an indicator of efficiency.

Table 4.B: Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Effective			
4.8, 4.9	Separation rates for potentially preventable hospitalisations	Primary care, Population Health	Presented by state and territory of usual residence of the patient (Table 4.8) and by Remoteness Area of usual residence (Table 4.9)
No indicators available for acute care			
Appropriate			
2.4	Separation rates	Acute care	Presented by state and territory of hospitalisation, and for the public and private sectors
6.2	Separation rates	Acute care	Presented by state and territory of hospitalisation, by admitted patient election status and funding source and for the public and private sectors
7.7, 7.8	Separation rates	Acute care	Presented by state and territory of hospital, hospital sector and Indigenous status
7.11, 7.12	Separation rates	Acute care	Presented by state and territory of usual residence of the patient (Table 7.11) and by Remoteness Area of usual residence (Table 7.12) and for the public and private sectors
4.6, 4.7	Separation rates for: myringotomy, tonsillectomy caesarean section, angioplasty, coronary artery bypass graft, hip replacement, revision of hip replacement, knee replacement, lens insertion, hysterectomy cholecystectomy, prostatectomy, appendicectomy, arthroscopy, endoscopy	Acute care	Presented by state and territory of usual residence of the patient (Table 4.6) and by Remoteness Area of usual residence (Table 4.7)

Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Efficient			
4.1, 4.2, 4.3	Cost per casemix-adjusted separation	Acute care	Presented by state and territory of hospital (Table 4.1), and by public hospital peer group (Tables 4.2 and 4.3)
4.1, 4.2, 4.3, 4.11, 4.12, 11.1, 11.2	Relative stay index	Acute care	Presented by state and territory of hospital (Table 4.1), by public hospital peer group (Tables 4.2 and 4.3) and, for the public and private sectors, by admitted patient election status and funding source (Tables 4.12, 4.13), and by MDC (Tables 11.1, 11.2)
4.4	Average salary by staffing category	Acute care	Presented by state and territory of hospital
4.10	Average length of stay for a selection of AR-DRGs	Acute care	Presented by state and territory of hospital, and for the public and private sectors
Responsive			
4.13	Emergency department waiting times (proportions waiting longer than clinically desirable)	Acute care	Presented by state and territory of hospital and by public hospital peer group
Accessible			
5.1, 5.2, 5.4, 5.5	Waiting times for elective surgery (times waited at the 50th and 90th percentiles)	Acute care	Presented as a time series (Table 5.1), by state and territory of hospital, and by public hospital peer group (Table 5.2), by surgical specialty (Table 5.4) and by indicator procedure (Table 5.5)
Safe			
10.1	Separations with adverse events	Acute care	Presented for the public and private sectors
Continuous			
6.14	Separation for patients aged over 70 years, by care type and mode of separation	Continuing care	Nil
No indicators available for acute care			
Capable			
4.5	Accreditation of hospitals and beds	Acute care	Presented by state and territory of hospital, and for the public and private sectors
Sustainable			
No indicators available for acute care			

Responsive

Statistics on the proportions of patients waiting longer than is clinically desirable for emergency department services (Table 4.13) are indicators of responsiveness, although they can also be regarded as indicators of accessibility. State and territory data can be used to consider equity.

Accessible

Times waited for elective surgery by patients at the 50th and 90th percentiles are presented as indicators of accessibility (Chapter 5). Data by surgical specialty, indicator procedure and state and territory can be used in consideration of equity.

Safe

The number of separations with external causes for adverse events (Table 10.1) is an indicator of safety. However, this indicator is under development, so should be interpreted with care. It has not been adjusted for risk in any way so, although the data are presented separately for the public and private sectors, comparisons between the sectors may not be valid.

Continuous

There are no indicators available relevant to the provision of continuous care that are specific for the acute care sector. However, this dimension will probably usually be used in assessments of how the sectors of the health care system work together, rather than individually. The separation count for patients aged over 70 years by care type and mode of separation (Table 6.14) has been identified as an indicator of continuous care relevant to the continuing care sector. It may also provide information relevant to the integration of the acute care and continuing care sectors.

Capable

Accreditation status of hospitals, beds and separations (Table 4.5) has been identified as an indicator of capability, defined by the NHPC as the capacity to provide a health service based on skills and knowledge. Accreditation of hospitals can be achieved through several different mechanisms that may measure different processes and outcomes relating to hospital service delivery. Different types of accreditation could therefore relate to different groups of dimensions of the framework.

Sustainable

There are no indicators available for sustainability, defined by the NHPC as capacity to provide infrastructure, such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. It has been published in *Australian Hospital Statistics* since the 1996–97 reference year, and included within frameworks of indicators by the National Health Ministers' Benchmarking Working Group (NHMBWG 1999), the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP 2003) and the NHPC (NHPC 2002). It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided. Details of the methods used in this analysis are presented in Appendix 3 of this report, and in *Australian Hospital Statistics 1999–00* (AIHW 2001a).

The calculation of these figures is sensitive to a number of deficiencies in available data. In particular:

- the proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable;

- capital costs (including depreciation) are not included in numerators (see Table 3.5 for available data on depreciation, and Appendix 3 for SCRCSSP estimates of cost per casemix-adjusted separation including capital costs);
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3% that were not acute (Appendix 3 includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for New South Wales, Victoria, Western Australia and Tasmania);
- the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error; and
- the 2001–02 AR-DRG version 4.2 cost weights were not available for this report, so the 2000–01 AR-DRG version 4.1 cost weights were used (DoHA 2002).

The scope of the analysis is hospitals that mainly provide acute care. These are the hospitals in the public hospital peer groups of *Principal referral and specialist women's and children's*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals* (see Appendix 4). Excluded are small non-acute hospitals, multi-purpose services, hospices, rehabilitation hospitals, mothercraft hospitals, other non-acute hospitals, psychiatric hospitals, and hospitals in the *Unpeered and other* peer group. Also excluded are hospitals that cannot be classified due to atypical events such as being opened or closed mid-year, or for which the data is of unreasonably poor quality. This scope restriction improves the comparability of data among the jurisdictions and increases the accuracy of the analysis. The included hospitals accounted for 95.5% of separations in public acute and psychiatric hospitals in 2001–02 (Table 4.2), and 91.9% of recurrent expenditure.

The scope for 2001–02 is the same (defined in terms of peer groups) as for 1998–99 to 2000–01 but different from the scopes used for 1996–97 and 1997–98 (AIHW 1998, 1999, 2000a, 2001a, 2002a). However, a small number of hospitals can be classified to peer groups included in the analysis in some years, but to other peer groups excluded from the analysis in other years; this mainly applies to the *Small hospitals* and non-acute peer groups.

As noted in Chapter 3 the average costs reported here are based on expenditure by public hospitals in a state or territory and does not necessarily include state government contracted services with private hospitals or allow for the source of funds.

Table 4.1 shows the cost per casemix-adjusted separation for the states and territories for 2001–02. At the national level, the cost per casemix-adjusted separation was \$3,017. Large portions of the 2001–02 costs were attributed to non-medical salaries and medical labour costs; nationally these costs were \$1,598 and \$571 respectively, per casemix-adjusted separation.

The cost per casemix-adjusted separation data should be interpreted taking into consideration other factors, such as costs incurred that are beyond the control of a jurisdiction. For example, the Northern Territory has high staffing and transport costs, and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions. Because of factors such as these, cost disabilities associated with providing the same level and standard of hospital services available elsewhere in Australia have been recognised by the Commonwealth Grants Commission.

Public hospital peer groups

Public hospital peer groups have been developed for presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow. The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activities, and their geographical location. In a minor adjustment to the methodology, the Rural, Remote, Metropolitan Area (RRMA) classification was replaced by the Australian Bureau of Statistics' Remoteness Area classification as the geographical input into the classification for 2001–02. Nineteen hospitals were affected by this change, 10 in Queensland. Further detail on the two geographic classifications, the derivation of the peer groups and the effects of the change in geographical classification is included in Appendixes 3 and 4.

For 2001–02, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's* group. They accounted for 66.4% of public acute and psychiatric hospital expenditure and 64.4% of separations (Table 4.2). The cost per casemix-adjusted separation for this group was \$3,075, which is 1.9% higher than the overall average cost (\$3,017) for the hospitals in scope for this analysis.

Table 4.2 also presents a range of other statistics about the peer groups, such as the number of hospitals in each, average length of stay, relative stay index (see below and in Appendix 3), and the cost per casemix-adjusted separation at the 25th and 75th percentile. The average number of AR-DRGs (with either any or 5 or more acute separations) reported for each hospital is also presented; it provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

Table 4.3 presents cost per casemix-adjusted separation data and other statistics by peer group for each state and territory. The cost per casemix-adjusted separation varied among the jurisdictions, for example, from \$2,875 in Queensland, to \$3,143 in Victoria for *Principal referral* hospitals.

Average salary expenditure

Average salaries paid to public hospital full-time equivalent staff by states and territories are presented in Table 4.4. They are regarded as indicators of efficiency. New South Wales does not report staffing numbers and salaries separately for registered nurses and enrolled nurses, so average salaries are presented for nurses as a single group. Their comparability may be affected by the relative proportions of registered and enrolled nurses among the jurisdictions.

The average salary for full-time equivalent *Nurses* in 2001–02 was \$56,104 nationally, an increase of 6.7% on the average salary in 2000–01. The average salary for full-time equivalent *Salaried medical officers* was \$108,705, an increase of 5.0% over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for nurses ranged from \$55,599 in South Australia to \$64,915 in the Northern Territory. For salaried medical officers, they ranged from \$86,540 in South Australia to \$134,326 in Victoria. However, the relatively high average salaries for Victoria may partly be the result of under-reporting of full time equivalent (FTE) staff (see Chapter 3).

Some states and territories were not able to provide data separately for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. Thus, some of the variation in average salaries reported for these categories is likely to be a result of different

reporting practices. The variations in the averages are also affected by different practices in 'outsourcing' services, for example for domestic and catering functions. The degree of outsourcing of higher-paid versus lower-paid staffing functions will be a factor that affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors would tend to result in higher average salaries for the domestic service staff.

Hospital accreditation

Hospital accreditation has been identified as an indicator of capability within the National Health Performance Framework. The indicator originally related to accreditation under the Australian Council on Healthcare Standards (ACHS) Equip program, partly because data on ACHS accreditation were the only relevant data available nationally. However, other organisations also undertake hospital accreditation, including the Australian Quality Council and the Quality Improvement Council, and hospitals can also be certified as compliant with quality standards such as ISO 9000 quality family. The data presented in Table 4.5 therefore include accreditation through ACHS Equip and other types of accreditation for public hospitals. For private hospitals, the data have been sourced from the ABS's Private Health Establishments Collection for 2000-01 and relate to accreditation by any body. Accreditation at any point in time does not assume a fixed or continuing status as accredited.

For Australia as a whole, 539 public hospitals and 47,381 public hospital beds (92% of the total) were known to be accredited in 2001-02. A total of 381 private hospitals and 24,486 private hospital beds (92% of the total) were accredited in 2000-01. The proportion of public hospital accredited beds varied by jurisdiction, from 100% in the Australian Capital Territory to 64% in the Northern Territory.

The comparability of the public hospital accreditation data among the states and territories is limited because of the voluntary nature of participation in the award schemes for hospitals in some jurisdictions.

Separation rates for selected procedures

Separation rates for 'selected' procedures have been identified as indicators of appropriateness. However, as noted above, several may also be indicators of accessibility or of the performance of the primary care sector.

Most of the procedures were originally selected as indicators of appropriateness by the NHMBWG because of the frequency with which they are undertaken, because they are often elective and discretionary, and because there are sometimes treatment alternatives available (NHMBWG 1998). ICD-10-AM codes used to define the procedures are listed in Appendix 3.

As for other separation rates, these data should be interpreted with caution, as they would reflect not only hospital system performance, but also variation in underlying needs for hospitalisation, variation in admission and data recording practices, and variation in the availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (in particular the private hospitals in the Northern Territory and other hospitals as noted in Appendix 4). This may result in underestimation of separation rates for some of the diagnoses and procedures, particularly those more common for private hospitals. The separation rates are age-standardised,

however, to take into account the different age structures of the populations of the states and territories.

Table 4.6 presents age-standardised separation rates for each procedure for the state or territory of usual residence of the patient, accompanied by the standardised separation ratio (SRR) against the national total. If the SRR is greater than 1 then the rate of the state is higher than the national average and vice versa. Also included is the 95% confidence interval of the SRR. The 95% confidence interval shows the range of values which the SRR could be expected to fall in due to chance. If the confidence interval includes 1 then the statistical evidence of a difference between jurisdictions is considered less likely (see Appendix 3).

For example, the separation rate for *Knee replacement* for residents of Queensland was 1.24 separations per 1,000 population. The SRR was 0.99 but the 95% confidence interval was 0.96–1.02, indicating that the difference was not statistically significant. The separation rate for the Australian Capital Territory was 1.45 per 1,000 population, with a SRR of 1.16 and the 95% confidence interval of 1.04–1.28, indicating the difference was statistically significant.

Table 4.7 presents similar statistics by the Remoteness Area of usual residence of the patient. For example, the rate for *Hip replacement* for residents of major cities was 0.72 separations per 1,000 population. The SRR was 0.96 and the 95% and the confidence interval was 0.95–0.97 indicating a statistically significant difference.

The number of caesarean sections is dependent on the birth rate as well as the population so the population rate is less meaningful. The number of in-hospital births has therefore been included in the tables, and the number of caesarean sections reported for separations for which in-hospital birth was reported. Comparability is, however, still complicated by potential under-identification of in-hospital births in this analysis, variation in numbers of non-hospital births, and in the age at which the mothers are giving birth. Residents of major cities (27.5 caesarean sections per 100 births) and South Australia (29.2 per 100 births) had the highest rate on this basis.

The national rate of caesarean sections per 100 in-hospital births has increased from 21.8 to 22.7 to 24.4 to 26.7 over the years from 1998-99 to 2001-02.

Separation rates for potentially preventable hospitalisations

Potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisation may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need.

Three broad categories for PPHs have been used in this chapter. These have been sourced from *The Victorian Ambulatory Care Sensitive Conditions Study* (Department of Human Services Victoria 2002).

- **Vaccine-preventable.** Diseases that can be prevented with proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.
- **Acute.** These conditions may not be preventable, but theoretically do not result in hospitalisation if adequate and timely non-hospital care is received. These include

dehydration/gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections and dental conditions.

- **Chronic.** The conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through non-hospital care to prevent deterioration and hospitalisation. These conditions include diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

Tables 4.8 and 4.9 present the number of separations, the proportion of residents treated in hospitals outside their state of residence and the age-standardised separation rates for each PPH condition for the state or territory (Table 4.8) or Remoteness Area of usual residence of the patient (Table 4.9). These tables also include the SRR against the national total as well as the 95% confidence interval of the SRR. If the SRR is greater than 1 then the rate of the state is higher than the national average and vice versa. The 95% confidence interval shows the range of values which the SRR ratio could be expected to fall in due to chance. If the confidence interval includes 1, then the statistical evidence of a difference between jurisdictions is considered less likely (see Appendix 3).

Statistics are presented for the total PPH rate, the rates for each of the three broad PPH categories as well as individual conditions, as selected by NHPC for its report to be published late in 2003. These conditions include *Diabetes, Asthma, Angina, Congestive heart failure* and *Chronic obstructive pulmonary disease* from the chronic category, and *Dental conditions, Ear, nose and throat infections, Convulsions and epilepsy, Cellulitis* and *Dehydration* from the acute category. For vaccine-preventable conditions, only the total is presented. A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Appendix 3.

There were 600,759 potentially preventable hospitalisations in Australia in 2001–02, which translates to a rate of 30.5 per 1,000 population. The rates ranged from 21.2 per 1,000 in the Australian Capital Territory to 42.8 per 1,000 in the Northern Territory. The separation rate for *Vaccine preventable* PPHs in the Northern Territory was 2.4 times the national rate, and the separation rate for the Australian Capital Territory was 0.6 times the national rate.

The rate for *Chronic obstructive pulmonary disease* for residents of Western Australia was 2.71 separations per 1,000 population. The SRR was 0.98 but the 95% confidence interval was 0.95–1.01, indicating that the difference was not statistically significant. The separation rate for the Northern Territory was 5.60 per 1,000 population, with a SRR of 2.02 and the 95% confidence interval of the SRR of 1.86–2.18, indicating the difference was statistically significant (Table 4.8).

Comparing Remoteness Areas, separation rates were higher for the more remote areas for each PPH. For example, the separation rate for *Ear, nose and throat infections* in major cities was 1.40 per 1,000 population, for inner regional it was 1.77, for outer regional it was 2.48, remote was 3.54 and for very remote the rate was 4.47 (Table 4.9).

Average lengths of stay for 20 selected AR-DRGs

The average length of stay for 20 selected AR-DRGs has been identified as an indicator of efficiency. The selected AR-DRGs (Table 4.10) replaces Table 4.8 from earlier editions of *Australian Hospital Statistics*, which presented average length of stay for the top 10 DRGs by volume. The selected AR-DRGs reflect a more representative range of services and will remain constant for future years.

The selected AR-DRGs were chosen on the basis of:

- homogeneity, where variation is more likely to be attributable to the hospital's performance rather than variations in the patients themselves.
- differences between jurisdictions and/or sectors.
- policy interest as evidenced by
 - inclusion of similar groups in other tables in *Australian Hospital Statistics*, e.g. indicator procedures for elective surgery waiting times
 - high volume and/or cost.
 - changes in volume over years.
- representativeness across clinical groups (MDCs) and surgical and medical AR-DRGs.

In addition, only non-complication and/or comorbidity (non-CC) AR-DRGs were chosen from groups of adjacent AR-DRGs because AR-DRGs with CCs may be relatively less homogeneous, as they potentially include a range of complications and/or comorbidities. With this, information would also not be duplicated on similar topics.

To aid the comparability between years some minor alterations were made to reflect changes that would occur with the introduction of version 5 AR-DRGs. In particular AR-DRGs I04A and I04B *Knee replacement and reattachment* were combined in anticipation of a change in AR-DRG version 5.

These data are not equivalent to the data presented in the tables in Chapter 11, or the predecessor table in *Australian Hospital Statistics 2000-01* on the top 10 DRGs, as separations with lengths of stay over 120 days are excluded and same day separations are included.

The average length of stay of the chosen AR-DRGs ranged from 14.2 days for U63B *Major Affective Disorders Age<70 W/O Catastrophic or Severe CC* to 1.6 days for G09Z *Inguinal and Femoral Hernia Procedures Age>0*. The average length of stay for E62C, *Respiratory infection or inflammations without complications*, was 3.8 days for all hospitals in Australia, 3.5 days for public hospitals and 5.2 days for private hospitals. There was some variation between states and territories with Victorian hospitals reporting an average length of stay of 3.8 days overall and Tasmanian hospitals 4.3 days.

Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures) standardised for casemix. The adjustment for casemix (based on the AR-DRG and age of the patient for each separation) allows variation in types of services provided to be taken into account, but does not take into account other influences on length of stay, such as Indigenous status.

An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected.

This publication uses two methods of standardisation. The method used in most tables (Tables 4.1, 4.2, 4.3 and 4.11, and part of Table 4.12) is an indirect standardisation method, where the total observed length of stay is divided by the total expected length of stay. This is the same method used in *Australian Hospital Statistics 2000-01*. Technically an indirectly standardised rate compares a group with a standard population. The indirectly standardised

rates of different groups are not strictly comparable as the different groups have different casemixes.

In addition to the indirect method, Table 4.12 presents a directly standardised RSI. The direct method weights the separations of the group of hospitals to reflect the total casemix of Australia before calculating the ratio, thereby weighting the casemix of the groups of hospitals to a comparable basis. However, the direct standardisation method is not very suitable for groups of hospitals for which a limited range of AR-DRGs is reported, as the weighting of separations for AR-DRGs that are not reported (or are reported in small numbers) is subject to error. Therefore, presentation of the directly standardised method in the private sector in Tasmania and the Australian Capital Territory and the public sector in the Northern Territory have been suppressed. In these cells, fewer than 600 of the 639 AR-DRGs used in the national RSI analysis are represented so the RSIs may be affected by estimation of the data for missing AR-DRGs. More detail on these methods is included in Appendix 3, with a description of the number of AR-DRGs represented in each cell in Table 4.12 (Table A3.11).

Tables 4.1, 4.2 and 4.3 present RSI information for public hospitals, using the indirect method and public hospital data to calculate expected lengths of stay. For the hospitals included in the cost per casemix-adjusted separation analysis, the RSI was 0.99 overall, and ranged from 1.25 in the Northern Territory to 0.95 in Queensland (Table 4.1).

Tables 4.11 and 4.12 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals was 1.04 indirectly standardised and 1.08 directly standardised and the RSI for public hospitals was 0.98 indirectly standardised and 0.99 directly standardised. The difference between the sectors in the directly standardised RSI, indicates that the public sector had relatively shorter lengths of stay, according to this measure.

Table 4.12 presents RSI information for the medical, surgical and other categories of AR-DRGs (DHAC 1998, 2000a, 2000b). In the public sector, the RSI for medical AR-DRGs was 0.96 indirectly standardised and 0.96 directly standardised, while the RSI for surgical AR-DRGs was 1.02 indirectly standardised and 1.02 directly standardised. In the private sector, the RSI for medical AR-DRGs was 1.13 indirectly standardised and 1.14 directly standardised, while the RSI for surgical AR-DRGs was 0.98 indirectly standardised and 0.97 directly standardised.

Emergency department waiting times

Emergency department waiting times are regarded as indicators of responsiveness of the acute care sector (NHPC 2002). The indicator presented here is the proportion of patients presenting to public hospital emergency departments who waited longer for care than was clinically appropriate, by triage category.

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2001). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- Resuscitation: immediate (within seconds)
- Emergency: within 10 minutes
- Urgent: within 30 minutes

- Semi-urgent: within 60 minutes
- Non-urgent: within 120 minutes.

The *National Health Data Dictionary* standard for measuring the waiting time is to subtract the time at which the patient presents at the emergency department from the time of commencement of service by a treating medical officer or nurse. The time at which the patient presents is the time at which they are registered clerically, or the time at which they are triaged, whichever occurs earlier. Patients who do not wait for care after having been registered and/or triaged are generally excluded from the data but some may have been included in the data on the number of patients seen for Queensland and the Australian Capital Territory.

There is some variation among the jurisdictions on how the waiting times are calculated, and this may slightly affect the comparability of the data. Queensland, Victoria, Western Australia and the Australian Capital Territory use the national standard method. The Northern Territory uses the time of clerical registration as the starting point, and New South Wales, Tasmania, and South Australia use the time of triage. In South Australia, patients are always triaged prior to being clerically registered.

The comparability of the data may also be influenced by variation in the coverage of the emergency department waiting times data. Table 4.13 shows that coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and women's and children's* peer group. Data for 1 hospital in New South Wales and Victoria respectively and for 3 hospitals in Queensland were not reported to the collection. For the *Large hospital* peer group, data for 10 hospitals in Victoria and 1 hospital in Queensland and Western Australia respectively, were not reported. Data for 18 out of 112 hospitals in the *Medium hospital* peer group were reported. Hospitals that were not included may not have emergency departments or provide emergency department services.

Table 4.13 also presents estimates of the proportion of emergency department visits that were covered by the Emergency Department Waiting Times Data Collection. The Institute derived these estimates from data provided by the states and territories for the National Public Hospitals Establishments Database. The estimates were derived as:

- the number of outpatient occasions of service for *Accident and emergency* reported to the National Public Hospitals Establishments Database for hospitals reporting data to the Emergency Department Waiting Times Data Collection as a proportion of the total number of outpatient occasions of service for *Accident and emergency* reported to the National Public Hospital Establishments Database.

Based on this measure, overall coverage of the Emergency Department Waiting Times Data Collection was 64% and ranged from 42% in Western Australia to 100% in the Australian Capital Territory and the Northern Territory (Table 4.13). Further information on the *Accident and emergency* outpatient occasions of service reported to the National Public Hospitals Establishments Database and this waiting times collection is included in Appendix 3.

The comparability of the data may also be influenced by the comparability of the triage categories among the states and territories. Although the triage category is not a measure of the need for admission to hospital, the proportions of patients in each category that were admitted can be used as an indication of the comparability of the triage categorisation. The proportion of patients admitted varied from state to state, particularly for the resuscitation and emergency triage categories, but less for the semi-urgent and non-urgent categories (Table 4.13). This may indicate that the data for the former two categories are less comparable than data for the latter two categories.

The distribution of patients across triage categories among the states and territories may also provide some indication of the differences between states and territories in the types of patients that present to emergency departments. Table 4.13 shows the proportion of patients seen, by triage category and state and territory. There was very little variation among the states and territories in the proportion of patients in each triage category, with the exception of the Australian Capital Territory, which differed from the other jurisdictions fairly markedly for all triage categories except '1 - Resuscitation'.

The proportion receiving care on time varied by triage category, from 99% for resuscitation patients to 59% for semi-urgent patients. Overall, the proportion of patients receiving emergency department care within the required time was 64%, varying from 55% in South Australia to 78% in the Australian Capital Territory (Table 4.13).

Overall, for triage category '1 - Resuscitation', the proportion of patients seen on time was 99% and ranged from 98% in the *Medium hospital* peer group to 99% in the *Principal referral and women's and children's* and the *Large hospital* peer group. For triage category '5 - Non-urgent' the proportion of patients seen on time was 84% overall, and ranged from 78% in the *Principal referral and women's and children's* peer group to 93% in the *Medium hospital* peer group.

Table 4.1: Cost^(a) per casemix-adjusted separation and selected other statistics, selected public acute hospitals, ^(b) states and territories, 2001–02

Variable	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(c)	Total
Total separations ('000) ^(d)	1,201	1,061	667	319	336	76	62	63	3,786
Acute separations ('000) ^(d)	1,175	1,028	641	314	328	75	61	63	3,685
Proportion of separations not acute (%)	2.2	3.1	3.8	1.6	2.4	1.4	1.3	1.5	2.7
Average cost weight ^(e)	1.05	0.96	0.99	0.98	1.01	1.06	0.99	0.76	1.00
Casemix-adjusted separations ('000) ^(f)	1,261	1,019	658	312	339	81	61	48	3,780
Total admitted patient days ('000) ^(d)	4,499	3,871	2,253	1,123	1,224	289	214	206	13,681
Admitted patient days for acute patients ('000) ^(d)	4,133	3,165	1,967	999	1,060	260	198	196	11,978
Proportion of bed days not acute (%)	8.1	18.2	12.7	11.1	13.4	10.2	7.8	4.7	12.4
Total recurrent expenditure (\$m)	5,287	4,307	2,406	1,399	1,175	340	303	228	15,446
Inpatient fraction ^(g)	0.69	0.72	0.74	0.69	0.81	0.72	0.74	0.77	0.72
Total admitted patient recurrent expenditure (\$m)	3,629	3,097	1,783	970	950	245	224	177	11,075
Public patient day proportion ^(h)	0.79	0.86	0.93	0.88	0.84	0.82	0.87	0.95	0.85
Newborn episodes with no qualified days ('000)	46.6	34.7	27.7	13.3	9.4	2.1	2.4	2.3	138.6
Relative stay index ⁽ⁱ⁾	1.02	0.96	0.95	1.01	0.97	0.96	1.06	1.25	0.99
Average cost data for selected hospitals									
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	765	885	756	812	763	755	918	988	804
Diagnostic/allied health ^(j)	237	283	172	214	188	181	185	185	230
Administrative	226	230	195	255	218	177	259	247	223
Other staff	185	155	241	225	117	350	135	431	190
Superannuation	149	141	162	161	141	176	236	142	151
<i>Total non-medical labour costs</i>	<i>1,562</i>	<i>1,694</i>	<i>1,526</i>	<i>1,667</i>	<i>1,427</i>	<i>1,639</i>	<i>1,734</i>	<i>1,992</i>	<i>1,598</i>
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	67	78	86	154	80	96	159	169	85
Repairs/maintenance	73	65	57	91	77	81	69	59	70
Medical supplies ^(j)	258	240	276	227	182	438	293	236	251
Drug supplies	153	144	153	176	151	142	121	189	152
Food supplies	36	36	22	19	18	30	40	34	31
Administration	181	209	135	160	82	85	281	114	170
Other	54	78	33	78	316	137	291	287	88
<i>Total other recurrent costs</i>	<i>822</i>	<i>850</i>	<i>763</i>	<i>906</i>	<i>906</i>	<i>1,009</i>	<i>1,253</i>	<i>1,088</i>	<i>847</i>
Total excluding medical labour costs	2,384	2,544	2,289	2,573	2,334	2,647	2,987	3,080	2,445

(continued)

Table 4.1 (continued): Cost^(a) per casemix-adjusted separation and selected other statistics, selected public acute hospitals, (b) States and Territories, 2001–02

Variable	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(c)	Total
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	333	422	356	411	336	289	419	544	371
VMO payments	160	73	63	121	137	98	261	54	114
Private patients (estimated) ^(k)	133	79	33	74	92	83	103	31	87
Total medical labour costs	626	574	453	607	565	470	783	629	571
Total cost per casemix-adjusted separation^(a)	3,010	3,117	2,741	3,180	2,898	3,118	3,769	3,709	3,017

(a) Excludes depreciation.

(b) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 3 for further information.

(c) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text).

(d) From the National Hospital Morbidity Database, including same day separations and newborns with qualified days.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2000–01 AR-DRG v 4.1 cost weights (DHA 2002). Updated versions of this table based on 2001–02 AR-DRG v 4.2 cost weights will be available on the internet when available.

(f) Casemix-adjusted separations is the product of Total separations and Average cost weight.

(g) Of the selected hospitals, only 5 very small hospitals, 3 in SA and 2 in Victoria, have had their IFRAC estimated by the HASAC ratio.

(h) Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days. Public patients defined by patient election status equal to public.

(i) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(j) Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees; resulting in higher medical supplies costs and lower diagnostic staff costs.

(k) Estimated private patient medical costs calculated as the sum of salary/sessional and VMO payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients, including private, compensable and ineligible.

Table 4.2: Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, Australia, (a)(b) 2001–02

	Separations		Average length of stay		Recurrent expenditure		Relative Stay Index ^(c)		Number of AR-DRGs		Cost per casemix-adjusted separation (\$)		
	Number of hospitals	Percent of total cost weight ('000)	Average length of stay	Average cost weight	(\$'000,000)	Percent of total	Index ^(c)	Any acute separations	5 or more acute seps	Average	Q3	Q1	
Principal referral	54	2,337.3	3.8	1.04	10,070.4	59.8	1.00	576.2	475.0	3,049	3,184	2,725	
Specialist women's & children's	10	216.7	3.1	1.10	1,115.6	6.6	1.00	366.9	237.8	3,357	3,574	3,266	
<i>Total Principal referral and Women's & children's</i>	<i>64</i>	<i>2,554.0</i>	<i>3.7</i>	<i>1.04</i>	<i>11,186.0</i>	<i>66.4</i>	<i>1.00</i>	<i>543.5</i>	<i>437.9</i>	<i>3,075</i>	<i>3,331</i>	<i>2,732</i>	
Large major cities	22	317.9	3.6	1.01	1,216.8	7.2	0.93	447.7	290.3	2,778	3,141	2,416	
Large regional & remote	20	274.2	3.2	0.92	922.2	5.5	0.95	498.7	309.3	2,800	3,031	2,559	
<i>Total Large hospitals</i>	<i>42</i>	<i>592.1</i>	<i>3.4</i>	<i>0.97</i>	<i>2,139.0</i>	<i>12.7</i>	<i>0.94</i>	<i>472.0</i>	<i>299.3</i>	<i>2,788</i>	<i>3,088</i>	<i>2,485</i>	
Medium major cities & regional group 1	31	240.7	3.4	0.90	865.8	5.1	0.99	405.3	211.7	3,092	3,322	2,703	
Medium major cities & regional group 2	72	245.6	3.4	0.81	717.7	4.3	0.99	312.4	136.7	2,726	3,050	2,410	
<i>Total Medium hospitals</i>	<i>103</i>	<i>486.3</i>	<i>3.4</i>	<i>0.85</i>	<i>1,583.5</i>	<i>9.4</i>	<i>0.99</i>	<i>340.3</i>	<i>159.3</i>	<i>2,919</i>	<i>3,149</i>	<i>2,501</i>	
Small regional acute	87	92.2	3.8	0.83	290.3	1.7	1.04	188.1	57.4	2,952	4,014	2,341	
Remote acute	47	61.1	3.0	0.78	247.2	1.5	1.02	181.0	60.0	3,348	4,095	2,349	
<i>Total Small acute hospitals</i>	<i>134</i>	<i>153.3</i>	<i>3.5</i>	<i>0.81</i>	<i>537.5</i>	<i>3.2</i>	<i>1.03</i>	<i>185.6</i>	<i>58.3</i>	<i>3,110</i>	<i>4,029</i>	<i>2,349</i>	
<i>Total hospitals in cost per casemix-adjusted separation analysis (see Table 4.1)</i>	<i>343</i>	<i>3,785.7</i>	<i>3.6</i>	<i>1.00</i>	<i>15,446.0</i>	<i>91.7</i>	<i>0.99</i>	<i>333.9</i>	<i>189.0</i>	<i>3,017</i>	<i>3,414</i>	<i>2,501</i>	
Small non-acute	111	69.4	8.8	0.86	313.3	1.9	1.14	136.1	30.8	n.a.	n.a.	n.a.	
Multi-purpose service	66	29.5	4.6	0.77	156.4	0.9	1.06	110.7	22.8	n.a.	n.a.	n.a.	
Hospice	4	2.7	18.2	1.64	39.5	0.2	2.60	17.8	5.0	n.a.	n.a.	n.a.	
Rehabilitation	6	3.4	31.6	1.97	96.5	0.6	2.28	0.5	0.0	n.a.	n.a.	n.a.	
Mothercraft	8	15.1	3.3	0.75	20.8	0.1	1.11	18.6	9.7	n.a.	n.a.	n.a.	
Other non-acute	16	24.8	10.5	0.51	165.4	1.0	1.52	43.3	9.2	n.a.	n.a.	n.a.	
<i>Total Non-acute</i>	<i>211</i>	<i>145.0</i>	<i>8.4</i>	<i>0.78</i>	<i>791.9</i>	<i>4.7</i>	<i>1.15</i>	<i>111.0</i>	<i>24.6</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	
Psychiatric ^(d)	19	18.3	64.2	1.88	424.0	2.5	1.35	15.6	9.3	n.a.	n.a.	n.a.	
Unpeered and other acute	110	15.1	8.8	0.65	185.3	1.1	1.17	40.2	2.8	n.a.	n.a.	n.a.	
Total peer grouped hospitals	683	3,964.1	4.1	0.99	16,847.1	100.00	1.00	216.0	107.4	n.a.	n.a.	n.a.	
<i>Teaching hospitals (excluding psychiatric)</i>	<i>60</i>	<i>2,331.6</i>	<i>3.7</i>	<i>1.05</i>	<i>10,512.5</i>	<i>62.40</i>	<i>1.00</i>	<i>509.2</i>	<i>406.8</i>	<i>3,166</i>	<i>3,520</i>	<i>2,822</i>	

(a) Expenditure data exclude depreciation.

(b) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 5 for further information.

(c) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(d) Psychiatric hospitals consist of a mix of short-term acute, long term, psychogeriatric and forensic psychiatric hospitals.

Note: See Appendix 5 for the definitions of the public hospital peer groups.

n.a. Not applicable.

Table 4.3: Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group^(a), states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral: major cities (>20,000 acute weighted separations) & regional (>16,000 acute weighted separations)									
Number of hospitals	18	15	11	3	3	2	1	1	54
Average beds per hospital	403	530	430	519	471	382	498	297	453
Separations per hospital	36,966	52,769	36,693	53,263	56,403	33,158	48,632	32,829	43,284
AR-DRGs (5+) per hospital ^(b)	481	473	433	525	529	495	545	438	475
Total expenditure (\$'000) ^(c)	3,206,543	3,299,137	1,542,374	n.p.	n.p.	284,664	n.p.	n.p.	10,070,441
Average cost weight ^(d)	1.10	0.99	1.05	1.07	1.07	1.05	0.95	0.81	1.04
Relative stay index ^(e)	1.05	0.96	0.96	n.p.	n.p.	0.95	n.p.	n.p.	1.00
Cost per separation	3,243	3,019	2,913	n.p.	n.p.	3,064	n.p.	n.p.	3,085
Cost per patient day	843	784	808	n.p.	n.p.	820	n.p.	n.p.	818
Cost per casemix-adjusted sep.	3,096	3,132	2,800	n.p.	n.p.	3,009	n.p.	n.p.	3,049
Specialist women's & children's (>10,000 acute weighted separations)									
Number of hospitals	3	1	4	1	1	0	0	0	10
Average beds per hospital	164	535	141	473	309	n.a.	n.a.	n.a.	237
Separations per hospital	17,302	53,537	11,860	33,644	30,150	n.a.	n.a.	n.a.	21,667
AR-DRGs (5+) per hospital ^(b)	223	409	157	350	321	n.a.	n.a.	n.a.	238
Total expenditure (\$'000) ^(c)	275,973	n.p.	225,583	n.p.	n.p.	n.a.	n.a.	n.a.	1,115,558
Average cost weight ^(d)	1.14	1.09	1.10	1.10	1.03	n.a.	n.a.	n.a.	1.10
Relative stay index ^(e)	1.07	n.p.	0.92	n.p.	n.p.	n.a.	n.a.	n.a.	1.00
Cost per separation	3,369	n.p.	3,783	n.p.	n.p.	n.a.	n.a.	n.a.	3,540
Cost per patient day	1,054	n.p.	1,297	n.p.	n.p.	n.a.	n.a.	n.a.	1,140
Cost per casemix-adjusted sep.	3,195	n.p.	3,486	n.p.	n.p.	n.a.	n.a.	n.a.	3,357
Total Principal referral and specialist women's & children's									
Number of hospitals	21	16	15	4	4	2	1	1	64
Average beds per hospital	369	531	353	508	431	382	498	297	419
Separations per hospital	34,157	52,817	30,070	48,359	49,840	33,158	48,632	32,829	39,906
AR-DRGs (5+) per hospital ^(b)	444	469	359	482	477	495	545	438	438
Total expenditure (\$'000) ^(c)	3,482,516	3,579,829	1,767,957	944,077	761,490	284,664	n.p.	n.p.	11,185,999
Average cost weight ^(d)	1.10	0.99	1.06	1.07	1.06	1.05	0.95	0.81	1.04
Relative stay index ^(e)	1.05	0.96	0.96	1.00	0.98	0.95	n.p.	n.p.	1.00
Cost per separation	3,252	3,047	3,004	3,221	3,068	3,064	n.p.	n.p.	3,123
Cost per patient day	856	803	851	907	820	820	n.p.	n.p.	840
Cost per casemix-adjusted sep.	3,102	3,143	2,875	3,080	2,950	3,009	n.p.	n.p.	3,075
Large major cities (>10,000 acute weighted separations)									
Number of hospitals	13	2	3	0	3	0	1	0	22
Average beds per hospital	154	79	162	n.a.	201	n.a.	162	n.a.	155
Separations per hospital	13,813	13,226	15,009	n.a.	17,961	n.a.	13,003	n.a.	14,452
AR-DRGs (5+) per hospital ^(b)	305	110	294	n.a.	336	n.a.	307	n.a.	290
Total expenditure (\$'000) ^(c)	674,293	132,975	142,920	n.a.	198,625	n.a.	n.p.	n.a.	1,216,794
Average cost weight ^(d)	1.01	0.93	1.01	n.a.	1.05	n.a.	1.14	n.a.	1.01
Relative stay index ^(e)	0.96	0.85	0.88	n.a.	0.90	n.a.	n.p.	n.a.	0.93
Cost per separation	2,655	2,818	2,257	n.a.	2,947	n.a.	n.p.	n.a.	2,709
Cost per patient day	708	1,296	713	n.a.	733	n.a.	n.p.	n.a.	758
Cost per casemix-adjusted sep.	2,734	3,266	2,249	n.a.	2,999	n.a.	n.p.	n.a.	2,778
Large regional (>8,000 acute weighted separations) & remote (>5,000 acute weighted separations)									
Number of hospitals	7	5	5	1	0	1	0	1	20
Average beds per hospital	148	130	143	105	n.a.	131	n.a.	153	139
Separations per hospital	13,033	13,628	15,089	9,949	n.a.	7,856	n.a.	21,561	13,709
AR-DRGs (5+) per hospital ^(b)	336	296	296	287	n.a.	277	n.a.	310	309
Total expenditure (\$'000) ^(c)	352,867	217,153	206,036	34,965	n.a.	n.p.	n.a.	n.p.	922,175
Average cost weight ^(d)	1.04	0.86	0.83	1.03	n.a.	1.25	n.a.	0.70	0.92
Relative stay index ^(e)	0.98	0.95	0.87	0.88	n.a.	n.p.	n.a.	n.p.	0.95
Cost per separation	2,932	2,369	1,961	2,517	n.a.	n.p.	n.a.	n.p.	2,512
Cost per patient day	809	762	701	860	n.a.	n.p.	n.a.	n.p.	785
Cost per casemix-adjusted sep.	2,930	2,811	2,374	2,498	n.a.	n.p.	n.a.	n.p.	2,800
Total Large hospitals									
Number of hospitals	20	7	8	1	3	1	1	1	42
Average beds per hospital	152	115	150	105	201	131	162	153	147
Separations per hospital	13,540	13,513	15,059	9,949	17,961	7,856	13,003	21,561	14,098
AR-DRGs (5+) per hospital ^(b)	316	243	295	287	336	277	307	310	299
Total expenditure (\$'000) ^(c)	1,027,159	350,127	348,956	34,965	198,625	n.p.	n.p.	n.p.	2,138,969
Average cost weight ^(d)	1.02	0.88	0.90	1.03	1.05	1.25	1.14	0.70	0.97
Relative stay index ^(e)	0.97	0.92	0.88	0.88	0.90	n.p.	n.p.	n.p.	0.94
Cost per separation	2,748	2,494	2,071	2,517	2,947	n.p.	n.p.	n.p.	2,618
Cost per patient day	741	876	706	860	733	n.p.	n.p.	n.p.	770
Cost per casemix-adjusted sep.	2,802	2,923	2,327	2,498	2,999	n.p.	n.p.	n.p.	2,788

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group^(a), states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Medium (major cities 5,000 to 10,000 and regional 5,000 to 8,000 acute weighted separations)									
Number of hospitals	12	6	1	8	4	0	0	0	31
Average beds per hospital	79	74	99	135	74	n.a.	n.a.	n.a.	93
Separations per hospital	6,675	7,550	6,413	9,378	8,472	n.a.	n.a.	n.a.	7,765
AR-DRGs (5+) per hospital ^(b)	204	218	224	211	224	n.a.	n.a.	n.a.	212
Total expenditure (\$'000) ^(c)	330,048	148,018	19,920	269,173	98,649	n.a.	n.a.	n.a.	865,808
Average cost weight ^(d)	1.05	0.82	0.92	0.82	0.81	n.a.	n.a.	n.a.	0.90
Relative stay index ^(e)	0.97	0.94	0.98	1.04	1.01	n.a.	n.a.	n.a.	0.99
Cost per separation	2,922	2,387	2,221	2,838	2,331	n.a.	n.a.	n.a.	2,693
Cost per patient day	821	816	640	754	826	n.a.	n.a.	n.a.	793
Cost per casemix-adjusted sep.	2,916	2,982	2,427	3,535	2,950	n.a.	n.a.	n.a.	3,092
Medium (major cities and regional 2,000 acute or acute weighted to 5,000 acute weighted separations)									
Number of hospitals	28	15	16	4	9	0	0	0	72
Average beds per hospital	44	46	57	47	50	n.a.	n.a.	n.a.	48
Separations per hospital	3,370	3,568	3,337	3,310	3,452	n.a.	n.a.	n.a.	3,411
AR-DRGs (5+) per hospital ^(b)	139	130	135	127	149	n.a.	n.a.	n.a.	137
Total expenditure (\$'000) ^(c)	309,050	152,908	141,568	40,419	73,741	n.a.	n.a.	n.a.	717,687
Average cost weight ^(d)	0.83	0.77	0.78	0.82	0.88	n.a.	n.a.	n.a.	0.81
Relative stay index ^(e)	1.01	1.03	0.95	1.03	0.96	n.a.	n.a.	n.a.	0.99
Cost per separation	2,338	2,206	1,680	2,598	2,055	n.a.	n.a.	n.a.	2,145
Cost per patient day	671	684	506	803	624	n.a.	n.a.	n.a.	639
Cost per casemix-adjusted sep.	2,908	2,932	2,206	3,301	2,438	n.a.	n.a.	n.a.	2,726
Total Medium hospitals									
Number of hospitals	40	21	17	12	13	0	0	0	103
Average beds per hospital	55	54	59	106	57	n.a.	n.a.	n.a.	62
Separations per hospital	4,362	4,706	3,518	7,355	4,996	n.a.	n.a.	n.a.	4,722
AR-DRGs (5+) per hospital ^(b)	158	155	140	183	172	n.a.	n.a.	n.a.	159
Total expenditure (\$'000) ^(c)	639,098	300,926	161,488	309,592	172,390	n.a.	n.a.	n.a.	1,583,495
Average cost weight ^(d)	0.93	0.80	0.80	0.82	0.84	n.a.	n.a.	n.a.	0.85
Relative stay index ^(e)	0.99	0.99	0.95	1.04	0.98	n.a.	n.a.	n.a.	0.99
Cost per separation	2,606	2,289	1,738	2,802	2,199	n.a.	n.a.	n.a.	2,416
Cost per patient day	741	741	521	760	721	n.a.	n.a.	n.a.	716
Cost per casemix-adjusted sep.	2,910	2,957	2,236	3,498	2,697	n.a.	n.a.	n.a.	2,919
Small regional acute (<2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)									
Number of hospitals	34	19	18	6	8	2	0	0	87
Average beds per hospital	24	24	20	24	25	13	n.a.	n.a.	23
Separations per hospital	1,071	1,211	856	839	1,358	727	n.a.	n.a.	1,059
AR-DRGs (5+) per hospital ^(b)	60	59	47	46	80	42	n.a.	n.a.	57
Total expenditure (\$'000) ^(c)	129,471	76,516	41,581	16,349	21,466	4,940	n.a.	n.a.	290,324
Average cost weight ^(d)	0.86	0.81	0.78	0.77	0.85	0.81	n.a.	n.a.	0.83
Relative stay index ^(e)	1.06	1.08	0.95	1.01	1.01	1.04	n.a.	n.a.	1.04
Cost per separation	2,545	2,599	1,749	2,691	1,792	2,501	n.a.	n.a.	2,344
Cost per patient day	622	660	547	742	495	648	n.a.	n.a.	614
Cost per casemix-adjusted sep.	3,092	3,334	2,301	3,537	2,342	3,127	n.a.	n.a.	2,952
Remote acute (<5,000 acute weighted separations)									
Number of hospitals	2	0	20	14	7	0	0	3	47
Average beds per hospital	26	n.a.	24	23	24	n.a.	n.a.	37	24
Separations per hospital	1,200	n.a.	997	1,596	985	n.a.	n.a.	3,031	1,300
AR-DRGs (5+) per hospital ^(b)	66	n.a.	48	71	52	n.a.	n.a.	113	60
Total expenditure (\$'000) ^(c)	8,471	n.a.	86,371	94,274	20,729	n.a.	n.a.	34,539	247,188
Average cost weight ^(d)	0.7	n.a.	0.8	0.8	0.9	n.a.	n.a.	0.7	0.8
Relative stay index ^(e)	1.2	n.a.	1.0	1.0	1.0	n.a.	n.a.	1.2	1.0
Cost per separation	2,229	n.a.	2,384	2,716	2,508	n.a.	n.a.	2,730	2,573
Cost per patient day	700	n.a.	832	950	719	n.a.	n.a.	909	865
Cost per casemix-adjusted sep.	3,234	n.a.	3,202	3,467	2,843	n.a.	n.a.	3,836	3,348
Total Small acute hospitals									
Number of hospitals	36	19	38	20	15	3	0	3	134
Average beds per hospital	24	24	22	23	25	16	n.a.	37	24
Separations per hospital	1,078	1,211	930	1,369	1,184	633	n.a.	3,031	1,144
AR-DRGs (5+) per hospital ^(b)	60	59	48	64	67	34	n.a.	113	58
Total expenditure (\$'000) ^(c)	137,942	76,516	127,952	110,623	42,196	7,744	n.a.	34,539	537,512
Average cost weight ^(d)	0.85	0.81	0.76	0.79	0.88	0.80	n.a.	0.72	0.81
Relative stay index ^(e)	1.07	1.08	1.00	0.97	0.99	1.08	n.a.	1.17	1.03
Cost per separation	2,526	2,599	2,107	2,712	2,070	2,729	n.a.	2,730	2,435
Cost per patient day	626	660	700	904	580	705	n.a.	909	699
Cost per casemix-adjusted sep.	3,101	3,334	2,806	3,484	2,541	3,437	n.a.	3,836	3,110

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group^(a), states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total hospitals in cost per casemix-adjusted separation analysis (Table 4.1)									
Number of hospitals	117	63	78	37	35	6	2	5	343
Average beds per hospital	118	173	107	105	98	157	330	112	124
Separations per hospital	10,268	16,849	8,547	8,622	9,599	12,678	30,818	12,696	11,037
AR-DRGs (5+) per hospital ^(b)	206	216	153	153	176	228	426	218	189
Total expenditure (\$'000) ^(c)	5,286,715	4,307,399	2,406,353	1,399,257	1,174,701	340,011	303,488	228,050	15,445,974
Average cost weight ^(d)	1.05	0.96	0.99	0.98	1.01	1.06	0.99	0.76	1.00
Relative stay index ^(e)	1.02	0.96	0.95	1.01	0.97	0.96	1.06	1.25	0.99
Cost per separation	3,021	2,918	2,675	3,040	2,828	3,227	3,629	2,783	2,926
Cost per patient day	807	800	792	863	776	848	1,044	857	810
Cost per casemix-adjusted sep.	3,010	3,117	2,741	3,180	2,898	3,118	3,769	3,709	3,017
Small non-acute (<2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)									
Number of hospitals	36	11	30	6	24	4	0	0	111
Average beds per hospital	27	26	21	32	30	17	n.a.	n.a.	26
Separations per hospital	625	692	569	1,006	597	474	n.a.	n.a.	626
Total expenditure (\$'000)	109,083	48,283	61,051	33,299	53,284	8,308	n.a.	n.a.	313,308
Average length of stay	9.6	11.9	6.0	7.6	9.5	10.2	n.a.	n.a.	8.8
Multi-purpose service									
Number of hospitals	15	7	9	29	4	2	0	0	66
Average beds per hospital	22	14	22	16	35	5	n.a.	n.a.	19
Separations per hospital	299	841	660	337	800	98	n.a.	n.a.	446
Total expenditure (\$'000)	32,950	28,526	20,182	55,386	15,673	3,690	n.a.	n.a.	156,407
Average length of stay	5.1	3.7	4.6	4.4	6.2	11.5	n.a.	n.a.	4.6
Hospice									
Number of hospitals	3	0	0	0	0	0	0	0	4
Average beds per hospital	59	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	47
Separations per hospital	815	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	670
Total expenditure (\$'000)	38,859	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	39,463
Average length of stay	18.7	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18.2
Rehabilitation									
Number of hospitals	5	0	0	0	1	0	0	0	6
Average beds per hospital	41	n.a.	n.a.	n.a.	146	n.a.	n.a.	n.a.	58
Separations per hospital	475	n.a.	n.a.	n.a.	1,043	n.a.	n.a.	n.a.	570
Total expenditure (\$'000)	73,015	n.a.	n.a.	n.a.	n.p.	n.a.	n.a.	n.a.	96,450
Average length of stay	26.0	n.a.	n.a.	n.a.	n.p.	n.a.	n.a.	n.a.	31.6
Mothercraft									
Number of hospitals	2	3	1	0	1	0	1	0	8
Average beds per hospital	34	26	40	n.a.	10	n.a.	10	n.a.	26
Separations per hospital	1,908	2,855	1,865	n.a.	903	n.a.	.	n.a.	1,894
Total expenditure (\$'000)	6,949	8,642	n.p.	n.a.	n.p.	n.a.	n.p.	n.a.	20,831
Average length of stay	4.7	2.6	n.p.	n.a.	n.p.	n.a.	n.p.	n.a.	3.3
Other non-acute									
Number of hospitals	13	2	0	0	0	0	0	0	16
Average beds per hospital	38	71	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	52
Separations per hospital	687	1,046	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,552
Total expenditure (\$'000)	94,577	26,396	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	165,412
Average length of stay	17.2	22.7	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	10.5
Total Non-acute									
Number of hospitals	74	23	40	36	30	7	1	0	211
Average beds per hospital	30	26	22	23	34	13	10	n.a.	27
Separations per hospital	602	1,050	622	823	649	332	.	n.a.	687
Total expenditure (\$'000)	355,433	111,848	84,273	133,124	92,967	12,601	n.p.	n.a.	791,871
Average length of stay	11.6	7.5	5.5	5.0	10.5	10.6	n.p.	n.a.	8.4

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group^(a), states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatric^(f)									
Number of hospitals	9	1	4	1	1	3	0	0	19
Average beds per hospital	119	95	126	257	486	13	n.a.	n.a.	129
Separations per hospital	1,363	393	115	2,170	2,836	63	n.a.	n.a.	964
Total expenditure (\$'000)	182,302	24,598	79,890	n.p.	n.p.	11,385	n.a.	n.a.	423,963
Average length of stay	61.5	67.0	413.4	n.p.	n.p.	168.6	n.a.	n.a.	64.2
Unpeered and other acute (includes hospitals with fewer than 200 separations)									
Number of hospitals	17	6	57	12	9	9	0	0	110
Average beds per hospital	12	7	3	14	12	4	n.a.	n.a.	7
Separations per hospital	113	637	47	163	451	69	n.a.	n.a.	137
Total expenditure (\$'000)	32,405	74,177	37,033	22,609	10,748	8,290	n.a.	n.a.	185,262
Cost per separation	14,121	2,078	2,719	8,279	1,660	7,620	n.a.	n.a.	4,654
Cost per patient day	535	599	478	908	232	717	n.a.	n.a.	528
Total									
Number of hospitals	217	93	179	86	75	25	3	5	683
Average beds per hospital	80	125	55	60	67	44	223	112	75
Hospital numbers reported in									
Table 2.2	218	144	181	89	80	26	3	5	746
Separations per hospital	5,807	11,719	3,881	4,102	4,831	3,168	20,545	12,696	5,804
Total expenditure (\$'000)	5,856,856	4,518,022	2,607,549	1,605,649	1,353,545	372,287	305,113	228,050	16,847,070
Cost per separation	3,231	2,953	2,776	3,201	3,074	3,366	3,629	2,783	3,059
Cost per patient day	699	786	744	829	714	756	1044	857	749
Teaching hospitals (excluding psychiatric)									
Number of hospitals	17	14	10	6	6	3	2	2	60
Average beds per hospital	390	542	355	414	358	298	330	225	407
Separations per hospital	36,384	55,836	29,502	34,903	39,464	24,724	30,818	27,195	38,861
AR-DRGs (5+) per hospital ^(b)	446	439	327	331	427	422	426	374	407
Total expenditure (\$'000)	3,108,945	3,338,479	1,289,959	1,039,174	906,700	332,267	303,488	193,511	10,512,523
Average cost weight ^(c)	1.12	0.99	1.11	1.04	1.06	1.07	0.99	0.76	1.05
Relative stay index ^(d)	1.06	0.96	0.97	1.04	0.97	0.95	1.06	1.27	1.00
Cost per separation	3,324	3,072	3,422	3,356	3,095	3,240	3,629	2,792	3,224
Cost per patient day	876	826	941	858	810	852	1,044	849	862
Cost per casemix-adjusted sep.	3,137	3,163	3,122	3,297	3,008	3,112	3,769	3,689	3,166

(a) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 3 for further information.

(b) The number of different AR-DRGs provided by a hospital for which there were at least 5 acute separations.

(c) Expenditure data exclude depreciation.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2000–01 AR-DRG v 4.1 cost weights (DHA 2002). Updated versions of this table based on 2001–02 AR-DRG v 4.2 cost weights will be provided on the internet when available.

(e) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(f) Psychiatric hospitals consist of a mix of short-term acute, long-term, psychogeriatric and forensic psychiatric hospitals.

n.p. not published.

. . not available

n.a. not applicable.

Table 4.4: Average salary (\$) of full-time equivalent staff, ^(a) public acute and psychiatric hospitals, states and territories, 2001–02

Staffing category	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(b)	Tas ^(d)	ACT	NT	Total ^(e)
Salaried medical officers	99,032	134,326	98,428	117,318	86,540	93,740	119,645	133,349	108,705
Nurses	54,348	61,912	52,672	57,620	51,599	52,615	52,489	64,915	56,104
Other personal care staff	n.a.	n.a.	34,541	26,961	n.a.	n.a.	39,797	38,731	35,631
Diagnostic & allied health professionals	51,018	50,895	52,873	49,732	41,790	56,481	48,567	73,822	50,512
Administrative & clerical staff	44,666	44,755	38,875	41,995	31,456	38,629	43,303	43,137	41,963
Domestic & other staff	34,668	39,150	35,173	37,553	22,867	46,862	35,498	43,075	35,454
Total staff	53,344	61,607	51,543	55,727	45,380	53,335	55,651	63,531	54,774

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2001 were used.

(b) Other personal care staff are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(c) FTEs may be slightly under-enumerated with a corresponding overstatement of average salaries.

(d) Data for six small hospitals not included. Other personal care staff are included in *Domestic & other staff*.

(e) The totals for Other personal care staff, Diagnostic & allied health professionals and Domestic & other staff are affected by reporting arrangements noted above. n.a. not available.

Table 4.5: Number of hospitals and available beds^(a), by accreditation status, states and territories, public hospitals 2001–02, private hospitals 2000–01.

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(f)	Tas	ACT ^(g)	NT ^(h)	Total
Public hospitals									
ACHS accredited hospitals	146	105	73	42	53	3	2	2	426
Other accredited hospitals	46	8	39	5	14	0	1	0	113
<i>Total accredited hospitals</i>	192	113	112	47	67	3	3	2	539
Non-accredited hospitals	26	31	69	42	13	23	0	3	207
Hospitals accredited (%)	88	78	62	53	84	12	100	40	72
<i>Total public hospitals</i>	218	144	181	89	80	26	3	5	746
ACHS accredited beds	14,729	11,073	7,774	3,247	4,366	895	660	357	43,101
Other accredited beds	1,701	174	906	1,162	327	0	10	0	4,280
<i>Total accredited beds</i>	16,430	11,247	8,680	4,409	4,693	895	670	357	47,381
Non-accredited beds	972	394	1,200	733	364	214	0	203	4,080
Beds accredited (%)	94	97	88	86	93	81	100	64	92
<i>Total available beds for admitted patients</i>	17,402	11,641	9,880	5,142	5,057	1,109	670	560	51,461
Private hospitals^{(a),(h)}									
Accredited hospitals	141	91	75	..	39	..	..	..	381
Non-accredited hospitals	43	45	15	..	14	..	..	..	135
Hospitals accredited (%)	77	67	83	..	74	..	..	..	74
<i>Total private hospitals</i>	184	136	90	41	53	12	..	..	516
Accredited beds	7,093	6,126	5,707	..	2,087	..	..	..	24,486
Non-accredited beds	503	457	250	..	157	..	..	..	1,667
Beds accredited (%)	93	93	96	..	93	..	..	..	94
<i>Total available beds for admitted patients</i>	7,596	6,583	5,957	2,926	2,244	847	..	..	26,153
Total									
Accredited hospitals	333	204	187	..	106	..	..	..	920
Non-accredited hospitals	69	76	84	..	27	..	..	..	342
Hospitals accredited (%)	83	73	69	..	80	..	..	..	73
<i>Total hospitals</i>	402	280	271	130	133	38	..	..	1,262
Accredited beds	23,523	17,373	14,387	..	6,780	..	..	..	71,867
Non-accredited beds	1,475	851	1,450	..	521	..	..	..	5,747
Beds accredited (%)	94	95	91	..	93	..	..	..	93
<i>Total available beds for admitted patients</i>	24,998	18,224	15,837	8,068	7,301	1,956	..	..	77,614

(a) Where average available beds for the year were not available, bed numbers at 30 June 2000 were used.

(b) All 46 of the other accredited hospitals were accredited by AQC.

(c) Of the other accredited hospitals, 2 were accredited using QIC and 6 were certified ISO9000 family compliant.

(d) All of the 39 other accredited hospitals were accredited using QIC.

(e) Of the other accredited hospitals, 1 was accredited using QIC and 4 were certified ISO9000 family compliant.

(f) All 14 of the other accredited hospitals were certified ISO9000 family compliant.

(g) One establishment was accredited by AQC. Private hospital data for Australian Capital Territory included with New South Wales.

(h) Private hospital data for the Northern Territory included with South Australia.

.. not available.

Note: Private hospital data are provided from the Australian Bureau of Statistics' Private Health Establishments Collection

Table 4.6: Separation statistics^(a) for selected procedures, by state or territory of usual residence, all hospitals, ^(b) 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Appendicectomy									
Separations ^(d)	8,017	6,319	5,777	3,036	1,903	700	455	246	26,457
Separations not within state of residence (%)	3	1	2	1	1	1	4	4	
Separation rate ^(e)	1.22	1.31	1.57	1.56	1.28	1.50	1.36	1.11	1.36
Standardised separation rate ratio (SRR)	0.90	0.97	1.16	1.15	0.95	1.11	1.00	0.82	
95% confidence interval of SRR	0.88–0.92	0.95–0.99	1.13–1.19	1.11–1.19	0.91–0.99	1.03–1.19	0.91–1.09	0.72–0.92	
Coronary artery bypass graft									
Separations ^(d)	5,861	4,224	3,107	1,062	1,272	376	119	96	16,120
Separations not within state of residence (%)	7	1	1	1	2	6	18	100	
Separation rate ^(e)	0.86	0.85	0.88	0.60	0.76	0.73	0.47	0.82	0.82
Standardised separation rate ratio (SRR)	1.05	1.04	1.07	0.73	0.92	0.89	0.57	1.00	
95% confidence interval of SRR	1.02–1.08	1.01–1.07	1.03–1.11	0.69–0.77	0.87–0.97	0.8–0.98	0.47–0.67	0.8–1.2	
Coronary angioplasty									
Separations ^(d)	8,069	6,994	3,506	2,090	1,808	633	339	118	23,566
Separations not within state of residence (%)	10	1	1	1	1	2	5	100	
Separation rate ^(e)	1.19	1.42	0.98	1.16	1.08	1.24	1.27	0.88	1.20
Standardised separation rate ratio (SRR)	0.99	1.18	0.82	0.97	0.90	1.03	1.06	0.74	
95% confidence interval of SRR	0.97–1.01	1.15–1.21	0.79–0.85	0.93–1.01	0.86–0.94	0.95–1.11	0.95–1.17	0.61–0.87	
Caesarean section									
Separations ^(d)	20,771	14,531	13,911	7,089	5,077	1,169	885	683	64,124
Separations not within state of residence (%)	3	0	1	0	1	0	2	3	
Separation rate ^(e)	3.16	2.96	3.84	3.69	3.56	2.79	2.58	2.90	3.29
Standardised separation rate ratio (SRR)	0.96	0.90	1.17	1.12	1.08	0.85	0.78	0.88	
95% confidence interval of SRR	0.95–0.97	0.89–0.91	1.15–1.19	1.09–1.15	1.05–1.11	0.8–0.9	0.73–0.83	0.81–0.95	
In-hospital birth separations	83,059	55,063	48,318	24,355	17,365	5,007	3,914	2,793	239,918
In-hospital birth separation rate ^(e)	12.6	11.2	13.3	12.6	12.2	11.9	11.3	11.9	12.3
Separations per 100 in-hospital birth separations ^(f)	25.0	26.4	28.8	29.1	29.2	23.3	22.6	24.5	26.7
Cholecystectomy									
Separations ^(d)	15,357	11,349	8,951	4,218	4,028	1,013	671	209	45,808
Separations not within state of residence (%)	3	1	1	0	1	1	5	9	
Separation rate ^(e)	2.30	2.32	2.48	2.25	2.54	2.13	2.18	1.18	2.34
Standardised separation rate ratio (SRR)	0.98	0.99	1.06	0.96	1.09	0.91	0.93	0.51	
95% confidence interval of SRR	0.96–1	0.97–1.01	1.04–1.08	0.93–0.99	1.06–1.12	0.85–0.97	0.86–1	0.44–0.58	

(continued)

Table 4.6 (continued): Separation statistics^(a) for selected procedures, by state or territory of usual residence, all hospitals, ^(b) 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Diagnostic gastrointestinal endoscopy									
Separations ^(d)	175,365	143,837	120,244	51,138	40,927	10,817	3,848	1,753	547,972
Separations not within state of residence (%)	3	1	1	0	0	1	5	10	
Separation rate ^(e)	26.13	29.34	33.44	27.62	25.27	21.78	13.51	11.86	27.94
Standardised separation rate ratio (SRR)	0.94	1.05	1.20	0.99	0.90	0.78	0.48	0.42	
95% confidence interval of SRR	0.94–0.94	1.04–1.06	1.19–1.21	0.98–1	0.89–0.91	0.77–0.79	0.46–0.5	0.4–0.44	
Hip replacement									
Separations ^(d)	8,704	6,995	4,005	2,514	2,507	808	372	58	25,965
Separations not within state of residence (%)	6	2	2	0	0	5	8	52	
Separation rate ^(e)	1.27	1.40	1.15	1.44	1.44	1.56	1.51	0.70	1.32
Standardised separation rate ratio (SRR)	0.96	1.06	0.87	1.09	1.09	1.18	1.15	0.53	
95% confidence interval of SRR	0.94–0.98	1.04–1.08	0.84–0.9	1.05–1.13	1.05–1.13	1.1–1.26	1.03–1.27	0.39–0.67	
Revision of hip replacement									
Separations ^(d)	1,117	839	525	318	294	105	49	11	3,258
Separations not within state of residence (%)	6	2	3	0	0	5	12	100	
Separation rate ^(e)	0.16	0.17	0.15	0.18	0.17	0.20	0.20	0.11	0.17
Proportion of Hip replacements	0.13	0.12	0.13	0.13	0.12	0.13	0.13	0.19	0.13
Standardised separation rate ratio (SRR)	0.99	1.01	0.91	1.10	1.01	1.22	1.21	0.66	
95% confidence interval of SRR	0.93–1.05	0.94–1.08	0.83–0.99	0.98–1.22	0.89–1.13	0.99–1.45	0.87–1.55	0.27–1.05	
Hysterectomy									
Separations ^(d)	10,809	7,328	6,811	4,144	3,334	1,057	636	121	34,244
Separations not within state of residence (%)	5	1	1	0	0	1	5	26	
Separation rate ^(e)	1.63	1.51	1.88	2.16	2.14	2.22	2.01	0.68	1.75
Standardised separation rate ratio (SRR)	0.93	0.86	1.07	1.23	1.22	1.27	1.15	0.39	
95% confidence interval of SRR	0.91–0.95	0.84–0.88	1.04–1.1	1.19–1.27	1.18–1.26	1.19–1.35	1.06–1.24	0.32–0.46	
Lens insertion									
Separations ^(d)	50,505	33,030	27,832	13,100	11,824	2,367	1,379	408	140,449
Separations not within state of residence (%)	3	1	2	0	0	1	4	11	
Separation rate ^(e)	7.33	6.59	8.05	7.71	6.65	4.54	6.03	5.20	7.15
Standardised separation rate ratio (SRR)	1.03	0.92	1.13	1.08	0.93	0.63	0.84	0.73	
95% confidence interval of SRR	1.02–1.04	0.91–0.93	1.12–1.14	1.06–1.1	0.91–0.95	0.6–0.66	0.8–0.88	0.66–0.8	

(continued)

Table 4.6 (continued): Separation statistics^(a) for selected procedures, by state or territory of usual residence, all hospitals, ^(b) 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Myringotomy									
Separations ^(d)	9,041	9,069	5,232	4,330	4,449	528	398	106	33,154
Separations not within state of residence (%)	5	1	1	0	0	0	6	8	
Separation rate ^(e)	1.37	1.93	1.40	2.26	3.14	1.11	1.28	0.48	1.71
Standardised separation rate ratio (SRR)	0.80	1.13	0.82	1.32	1.84	0.65	0.75	0.28	
95% confidence interval of SRR	0.78–0.82	1.11–1.15	0.8–0.84	1.28–1.36	1.79–1.89	0.59–0.71	0.68–0.82	0.23–0.33	
Knee replacement									
Separations ^(d)	9,597	5,181	4,331	2,218	2,404	481	372	54	24,639
Separations not within state of residence (%)	6	1	2	0	0	3	6	70	
Separation rate ^(e)	1.40	1.04	1.24	1.27	1.40	0.93	1.45	0.50	1.26
Standardised separation rate ratio (SRR)	1.12	0.83	0.99	1.01	1.12	0.74	1.16	0.40	
95% confidence interval of SRR	1.1–1.14	0.81–0.85	0.96–1.02	0.97–1.05	1.08–1.16	0.67–0.81	1.04–1.28	0.29–0.51	
Prostatectomy									
Separations ^(d)	7,985	7,272	3,737	1,934	2,080	583	273	59	23,924
Separations not within state of residence (%)	5	1	1	0	0	0	7	25	
Separation rate ^(e)	1.17	1.46	1.07	1.11	1.20	1.12	1.12	0.68	1.22
Standardised separation rate ratio (SRR)	0.96	1.20	0.88	0.91	0.99	0.92	0.92	0.56	
95% confidence interval of SRR	0.94–0.98	1.17–1.23	0.85–0.91	0.87–0.95	0.95–1.03	0.85–0.99	0.81–1.03	0.42–0.7	
Arthroscopic procedures (includes arthroscopies)									
Separations ^(d)	33,159	29,353	17,796	13,526	13,650	2,294	1,612	722	112,120
Separations not within state of residence (%)	4	2	1	0	0	3	9	55	
Separation rate ^(e)	5.00	6.03	4.88	7.13	8.83	4.87	5.05	3.89	5.73
Standardised separation rate ratio (SRR)	0.87	1.05	0.85	1.24	1.54	0.85	0.88	0.68	
95% confidence interval of SRR	0.86–0.88	1.04–1.06	0.84–0.86	1.22–1.26	1.51–1.57	0.82–0.88	0.84–0.92	0.63–0.73	
Tonsillectomy									
Separations ^(d)	10,543	8,608	6,481	3,912	3,413	462	324	81	33,828
Separations not within state of residence (%)	5	1	1	0	0	0	6	22	
Separation rate ^(e)	1.61	1.82	1.73	2.01	2.39	0.99	0.98	0.36	1.74
Standardised separation rate ratio (SRR)	0.93	1.04	0.99	1.16	1.37	0.57	0.56	0.21	
95% confidence interval of SRR	0.91–0.95	1.02–1.06	0.97–1.01	1.12–1.2	1.32–1.42	0.52–0.62	0.5–0.62	0.16–0.26	

(a) The procedures and diagnoses are defined using ICD-10-AM codes in Appendix 3.

(b) Some private hospitals are not included. See Appendix 4 for details.

(c) Excludes non-residents and Unknown state of residence.

(d) Excludes multiple procedures/diagnosis for the same separation within the same group.

(e) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001 using December 2001 population estimates as divisors.

(f) Caesarian sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by Caesarian section, as births out of hospital are not included.

Table 4.7: Separation statistics^(a) for selected procedures, by Remoteness Area of usual residence, all hospitals, ^(b) Australia, 2001–02

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(c)
Appendicectomy						
Separations ^(d)	16,610	5,953	3,073	544	256	26,457
Separation rate ^(e)	0.72	0.85	0.87	0.93	0.77	0.77
Standardised separation rate ratio (SRR)	0.94	1.11	1.14	1.21	1.00	
95% confidence interval of SRR	0.93–0.95	1.08–1.14	1.1–1.18	1.11–1.31	0.88–1.12	
Coronary artery bypass graft						
Separations ^(d)	10,562	3,670	1,607	196	65	16,120
Separation rate ^(e)	0.47	0.47	0.43	0.40	0.33	0.47
Standardised separation rate ratio (SRR)	1.01	1.00	0.93	0.86	0.71	
95% confidence interval of SRR	0.99–1.03	0.97–1.03	0.88–0.98	0.74–0.98	0.54–0.88	
Coronary angioplasty						
Separations ^(d)	16,198	4,788	2,179	277	91	23,566
Separation rate ^(e)	0.72	0.62	0.59	0.56	0.41	0.68
Standardised separation rate ratio (SRR)	1.06	0.90	0.86	0.82	0.61	
95% confidence interval of SRR	1.04–1.08	0.87–0.93	0.82–0.9	0.72–0.92	0.48–0.74	
Caesarean section						
Separations ^(d)	43,453	12,248	6,308	1,223	875	64,124
Separation rate ^(e)	1.81	2.00	1.96	2.06	2.41	1.86
Standardised separation rate ratio (SRR)	0.97	1.08	1.05	1.11	1.30	
95% confidence interval of SRR	0.96–0.98	1.06–1.1	1.02–1.08	1.05–1.17	1.21–1.39	
In-hospital birth separations	158,244	48,317	25,084	4,847	3,364	239,918
In-hospital birth separation rate ^(e)	6.5	7.9	7.8	8.3	9.2	6.9
Separations per 100 in-hospital birth separations ^(f)	27.5	25.3	25.1	25.2	26.0	26.7
Cholecystectomy						
Separations ^(d)	29,830	10,149	4,808	657	301	45,808
Separation rate ^(e)	1.30	1.40	1.35	1.23	1.14	1.33
Standardised separation rate ratio (SRR)	0.98	1.06	1.02	0.92	0.86	
95% confidence interval of SRR	0.97–0.99	1.04–1.08	0.99–1.05	0.85–0.99	0.76–0.96	
Diagnostic gastrointestinal endoscopy						
Separations ^(d)	374,507	114,399	49,972	6,119	2,309	547,972
Separation rate ^(e)	16.49	15.27	13.76	11.90	9.86	15.85
Standardised separation rate ratio (SRR)	1.04	0.96	0.87	0.75	0.62	
95% confidence interval of SRR	1.04–1.04	0.95–0.97	0.86–0.88	0.73–0.77	0.59–0.65	

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures, by Remoteness Area of usual residence, all hospitals, ^(b) Australia, 2001–02

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(c)
Hip replacement						
Separations ^(d)	16,189	6,437	2,875	331	87	25,965
Separation rate ^(e)	0.72	0.82	0.80	0.78	0.49	0.75
Standardised separation rate ratio (SRR)	0.96	1.09	1.06	1.04	0.65	
95% confidence interval of SRR	0.95–0.97	1.06–1.12	1.02–1.1	0.93–1.15	0.51–0.79	
Revision of hip replacement						
Separations ^(d)	1,989	855	365	36	8	3,258
Separation rate ^(e)	0.09	0.11	0.10	0.08	0.04	0.09
Standardised separation rate ratio (SRR)	0.94	1.16	1.07	0.87	0.46	
95% confidence interval of SRR	0.9–0.98	1.08–1.24	0.96–1.18	0.59–1.15	0.14–0.78	
Hysterectomy						
Separations ^(d)	21,331	8,210	3,939	521	195	34,244
Separation rate ^(e)	0.94	1.14	1.09	0.93	0.72	0.99
Standardised separation rate ratio (SRR)	0.95	1.15	1.10	0.94	0.73	
95% confidence interval of SRR	0.94–0.96	1.13–1.17	1.07–1.13	0.86–1.02	0.63–0.83	
Lens insertion						
Separations ^(d)	91,636	30,667	15,513	1,610	676	140,449
Separation rate ^(e)	4.06	3.88	4.35	4.06	4.27	4.06
Standardised separation rate ratio (SRR)	1.00	0.96	1.07	1.00	1.05	
95% confidence interval of SRR	0.99–1.01	0.95–0.97	1.05–1.09	0.95–1.05	0.97–1.13	
Tonsillectomy						
Separations ^(d)	21,591	8,098	3,351	539	212	33,828
Separation rate ^(e)	0.96	1.12	0.91	0.84	0.52	0.98
Standardised separation rate ratio (SRR)	0.98	1.14	0.93	0.86	0.53	
95% confidence interval of SRR	0.97–0.99	1.12–1.16	0.9–0.96	0.79–0.93	0.46–0.6	
Myringotomy						
Separations ^(d)	22,704	6,830	2,840	546	219	33,154
Separation rate ^(e)	1.03	0.92	0.74	0.80	0.51	0.96
Standardised separation rate ratio (SRR)	1.07	0.96	0.77	0.83	0.53	
95% confidence interval of SRR	1.06–1.08	0.94–0.98	0.74–0.8	0.76–0.9	0.46–0.6	

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures, by Remoteness Area of usual residence, all hospitals, ^(b) Australia, 2001–02

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(c)
Knee replacement						
Separations ^(d)	14,937	6,519	2,728	327	81	24,639
Separation rate ^(e)	0.67	0.82	0.74	0.74	0.48	0.71
Standardised separation rate ratio (SRR)	0.94	1.15	1.04	1.03	0.67	
95% confidence interval of SRR	0.92–0.96	1.12–1.18	1–1.08	0.92–1.14	0.52–0.82	
Prostatectomy						
Separations ^(d)	15,433	5,584	2,532	271	79	23,924
Separation rate ^(e)	0.69	0.70	0.69	0.64	0.50	0.69
Standardised separation rate ratio (SRR)	1.00	1.02	1.00	0.93	0.73	
95% confidence interval of SRR	0.98–1.02	0.99–1.05	0.96–1.04	0.82–1.04	0.57–0.89	
Arthroscopic procedures (includes arthroscopies)						
Separations ^(d)	71,277	25,557	12,293	2,147	656	112,120
Separation rate ^(e)	3.10	3.59	3.47	3.85	2.28	3.24
Standardised separation rate ratio (SRR)	0.96	1.11	1.07	1.19	0.70	
95% confidence interval of SRR	0.95–0.97	1.1–1.12	1.05–1.09	1.14–1.24	0.65–0.75	

(a) The procedures and separations are defined using ICD-10-AM codes in Appendix 3.

(b) Some private hospitals are not included. See Appendix 4 for details.

(c) Includes Unknown Remoteness Area. Excludes non-residents.

(d) Excludes multiple procedures or diagnosis in the same separation within the same group.

(e) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.

(f) Caesarian sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by Caesarian section, as births out of hospital are not included.

Table 4.8: Separation statistics^(a) for potentially preventable hospitalisations, by state or territory of usual residence, all hospitals, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Vaccine-preventable conditions									
Total vaccine-preventable conditions									
Separations ^(c)	5,816	3,222	3,157	2,001	1,457	378	131	379	16,545
Separations not within state of residence (%)	3	2	2	2	1	1	6	7	
Separation rate ^(d)	0.86	0.65	0.87	1.07	0.92	0.77	0.48	2.00	0.84
Standardised separation rate ratio (SRR)	1.03	0.78	1.04	1.28	1.10	0.91	0.58	2.38	
95% confidence interval of SRR	1–1.05	0.75–0.8	1–1.07	1.22–1.33	1.04–1.16	0.82–1	0.48–0.67	2.14–2.62	
Acute conditions									
Cellulitis									
Separations ^(c)	9,451	6,667	5,798	2,416	1,959	572	270	530	27,674
Separations not within state of residence (%)	2	2	2	2	1	3	8	7	
Separation rate ^(d)	1.40	1.35	1.60	1.29	1.21	1.17	0.91	2.94	1.40
Standardised separation rate ratio (SRR)	1.00	0.96	1.14	0.92	0.86	0.83	0.65	2.09	
95% confidence interval of SRR	0.98–1.02	0.94–0.98	1.11–1.17	0.89–0.96	0.82–0.9	0.76–0.9	0.57–0.73	1.91–2.27	
Convulsions and epilepsy									
Separations ^(c)	11,146	7,298	5,901	2,778	2,153	759	355	539	30,963
Separations not within state of residence (%)	2	1	3	2	1	8	3	18	
Separation rate ^(d)	1.67	1.50	1.60	1.46	1.43	1.61	1.14	2.62	1.58
Standardised separation rate ratio (SRR)	1.06	0.95	1.01	0.92	0.91	1.02	0.72	1.66	
95% confidence interval of SRR	1.04–1.08	0.93–0.97	0.99–1.04	0.89–0.96	0.87–0.95	0.95–1.09	0.65–0.8	1.52–1.8	
Dehydration and gastroenteritis									
Separations ^(c)	11,758	9,760	8,277	3,443	3,111	865	267	165	37,654
Separations not within state of residence (%)	3	1	1	1	1	2	8	11	
Separation rate ^(d)	1.74	1.97	2.30	1.85	1.93	1.77	0.95	1.28	1.91
Standardised separation rate ratio (SRR)	0.91	1.03	1.20	0.97	1.01	0.93	0.50	0.67	
95% confidence interval of SRR	0.9–0.93	1.01–1.05	1.18–1.23	0.94–1	0.98–1.05	0.87–0.99	0.44–0.56	0.57–0.77	
Dental conditions									
Separations ^(c)	10,725	12,223	9,102	5,623	3,831	771	408	337	43,039
Separations not within state of residence (%)	3	2	1	1	0	0	5	2	
Separation rate ^(d)	1.62	2.54	2.44	2.91	2.56	1.64	1.32	1.52	2.20
Standardised separation rate ratio (SRR)	0.74	1.16	1.11	1.33	1.17	0.75	0.60	0.69	
95% confidence interval of SRR	0.72–0.75	1.14–1.18	1.09–1.14	1.29–1.36	1.13–1.2	0.69–0.8	0.54–0.66	0.62–0.76	
Ear, nose and throat infections									
Separations ^(c)	10,634	6,653	6,829	3,550	3,046	563	342	374	31,995
Separations not within state of residence (%)	3	2	1	1	1	1	4	7	
Separation rate ^(d)	1.61	1.39	1.83	1.84	2.11	1.20	1.07	1.60	1.64
Standardised separation rate ratio (SRR)	0.98	0.85	1.12	1.13	1.29	0.73	0.65	0.98	
95% confidence interval of SRR	0.96–1	0.83–0.87	1.09–1.14	1.09–1.16	1.24–1.33	0.67–0.79	0.58–0.72	0.88–1.08	

(continued)

Table 4.8 (continued): Separation statistics ^(a) for potentially preventable hospitalisations, by state or territory of usual residence, all hospitals, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Total acute conditions									
Separations ^(c)	78,585	61,719	51,211	25,519	20,071	5,194	2,637	2,709	247,732
Separations not within state of residence (%)	3	1	2	1	1	2	5	7	
Separation rate ^(d)	11.74	12.63	13.99	13.49	12.98	10.83	8.66	14.47	12.60
Standardised separation rate ratio (SRR)	0.93	1.00	1.11	1.07	1.03	0.86	0.69	1.15	
95% confidence interval of SRR	0.92–0.94	0.99–1.01	1.1–1.12	1.06–1.08	1.02–1.04	0.84–0.88	0.66–0.71	1.1–1.19	
Chronic conditions									
Angina									
Separations ^(c)	17,051	12,254	11,132	3,451	3,777	1,327	491	387	49,878
Separations not within state of residence (%)	3	2	2	2	1	1	2	5	
Separation rate ^(d)	2.49	2.45	3.13	1.96	2.17	2.55	1.99	3.02	2.52
Standardised separation rate ratio (SRR)	0.99	0.97	1.24	0.78	0.86	1.01	0.79	1.20	
95% confidence interval of SRR	0.97–1	0.96–0.99	1.22–1.27	0.75–0.8	0.83–0.89	0.96–1.07	0.72–0.86	1.08–1.32	
Asthma									
Separations ^(c)	14,302	9,376	6,814	4,227	4,775	655	356	407	40,918
Separations not within state of residence (%)	2	2	2	1	1	2	4	9	
Separation rate ^(d)	2.15	1.94	1.84	2.20	3.25	1.37	1.14	1.90	2.09
Standardised separation rate ratio (SRR)	1.03	0.93	0.88	1.05	1.56	0.66	0.54	0.91	
95% confidence interval of SRR	1.01–1.05	0.91–0.95	0.86–0.9	1.02–1.09	1.51–1.6	0.61–0.71	0.49–0.6	0.82–1	
Chronic obstructive pulmonary disease									
Separations ^(c)	19,408	12,850	10,619	4,707	4,710	1,504	448	606	54,856
Separations not within state of residence (%)	2	1	1	1	1	3	4	5	
Separation rate ^(d)	2.81	2.56	3.00	2.71	2.70	2.89	1.90	5.60	2.77
Standardised separation rate ratio (SRR)	1.01	0.92	1.08	0.98	0.97	1.04	0.69	2.02	
95% confidence interval of SRR	1–1.03	0.91–0.94	1.06–1.1	0.95–1.01	0.95–1	0.99–1.09	0.62–0.75	1.86–2.18	
Congestive cardiac failure									
Separations ^(c)	14,665	11,902	7,797	3,514	4,026	971	377	272	43,534
Separations not within state of residence (%)	2	1	1	1	0	2	2	4	
Separation rate ^(d)	2.11	2.34	2.24	2.04	2.22	1.84	1.68	2.42	2.19
Standardised separation rate ratio (SRR)	0.96	1.07	1.02	0.93	1.01	0.84	0.76	1.10	
95% confidence interval of SRR	0.95–0.98	1.05–1.09	1–1.05	0.9–0.96	0.98–1.04	0.79–0.89	0.69–0.84	0.97–1.23	
Diabetes complications									
Separations ^(c)	37,283	44,081	25,243	15,281	11,653	6,283	1,311	1,834	142,992
Separations not within state of residence (%)	6	1	1	1	0	1	10	5	
Separation rate ^(d)	5.44	8.83	7.05	8.46	6.87	12.51	5.27	14.69	7.24
Standardised separation rate ratio (SRR)	0.75	1.22	0.97	1.17	0.95	1.73	0.73	2.03	
95% confidence interval of SRR	0.74–0.76	1.21–1.23	0.96–0.99	1.15–1.19	0.93–0.97	1.69–1.77	0.69–0.77	1.94–2.12	

(continued)

Table 4.8 (continued): Separation statistics ^(a) for potentially preventable hospitalisations, by state or territory of usual residence, all hospitals, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Hypertension									
Separations ^(c)	2,441	1,406	1,351	516	540	158	27	29	6,469
Separations not within state of residence (%)	3	2	1	2	0	1	0	17	
Separation rate ^(d)	0.36	0.28	0.38	0.29	0.32	0.31	0.11	0.21	0.33
Standardised separation rate ratio (SRR)	1.09	0.86	1.16	0.88	0.97	0.93	0.33	0.63	
95% confidence interval of SRR	1.05–1.13	0.82–0.91	1.1–1.23	0.8–0.96	0.89–1.05	0.79–1.08	0.2–0.45	0.4–0.86	
Total chronic conditions									
Separations ^(c)	106,247	93,262	63,813	32,747	29,934	11,034	3,071	3,491	343,649
Separations not within state of residence (%)	3	1	1	1	1	1	7	5	
Separation rate ^(d)	15.53	18.70	17.89	18.23	17.81	21.75	12.28	27.40	17.39
Standardised separation rate ratio (SRR)	0.89	1.07	1.03	1.05	1.02	1.25	0.71	1.58	
95% confidence interval of SRR	0.89–0.9	1.07–1.08	1.02–1.04	1.04–1.06	1.01–1.04	1.23–1.27	0.68–0.73	1.52–1.63	
Total potentially preventable hospitalisations									
Separations ^(c)	188,348	156,295	116,847	59,567	50,942	16,397	5,783	6,440	600,759
Separations not within state of residence (%)	3	1	1	1	1	2	6	6	
Separation rate ^(d)	27.79	31.59	32.37	32.40	31.41	32.94	21.21	42.75	30.48
Standardised separation rate ratio (SRR)	0.91	1.04	1.06	1.06	1.03	1.08	0.70	1.40	
95% confidence interval of SRR	0.91–0.92	1.03–1.04	1.06–1.07	1.05–1.07	1.02–1.04	1.06–1.1	0.68–0.71	1.37–1.44	

(a) These conditions are defined using ICD-10-AM codes in Appendix 3.

(b) Excludes non-residents and Unknown state of residence.

(c) Excludes multiple procedures and diagnoses for the same separation within the same group.

(d) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001 using December 2001 population estimates as divisors

Table 4.9: Separation statistics^(a) for potentially preventable hospitalisations, by Remoteness Area of usual residence, all hospitals, 2001–02

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(b)
Vaccine-preventable conditions						
Total vaccine-preventable						
Separations ^(c)	9,574	3,718	2,087	603	519	16,545
Separation rate ^(d)	0.73	0.92	1.12	1.98	3.27	0.84
Standardised separation rate ratio (SRR)	0.87	1.10	1.33	2.36	3.89	
95% confidence interval of SRR	0.85–0.89	1.06–1.13	1.28–1.39	2.17–2.55	3.56–4.23	
Acute conditions						
Cellulitis						
Separations ^(c)	15,573	6,281	3,798	1,014	942	27,674
Separation rate ^(d)	1.19	1.58	2.05	3.41	5.99	1.40
Standardised separation rate ratio (SRR)	0.85	1.13	1.46	2.44	4.28	
95% confidence interval of SRR	0.84–0.86	1.1–1.16	1.42–1.51	2.29–2.59	4.01–4.55	
Convulsions and epilepsy						
Separations ^(c)	18,595	6,432	4,002	1,025	799	30,963
Separation rate ^(d)	1.42	1.66	2.13	3.03	4.48	1.58
Standardised separation rate ratio (SRR)	0.90	1.05	1.35	1.92	2.84	
95% confidence interval of SRR	0.89–0.91	1.02–1.08	1.31–1.39	1.8–2.04	2.64–3.03	
Dehydration and gastroenteritis						
Separations ^(c)	22,865	8,590	4,850	871	433	37,654
Separation rate ^(d)	1.73	2.20	2.69	3.15	3.20	1.91
Standardised separation rate ratio (SRR)	0.91	1.15	1.41	1.65	1.68	
95% confidence interval of SRR	0.89–0.92	1.13–1.18	1.37–1.45	1.54–1.76	1.52–1.83	
Dental conditions						
Separations ^(c)	25,101	10,812	5,414	930	703	43,039
Separation rate ^(d)	1.93	2.78	2.84	2.63	3.40	2.20
Standardised separation rate ratio (SRR)	0.88	1.26	1.29	1.20	1.55	
95% confidence interval of SRR	0.87–0.89	1.24–1.29	1.26–1.33	1.12–1.27	1.43–1.66	
Ear, nose and throat infections						
Separations ^(c)	18,153	6,919	4,743	1,223	939	31,995
Separation rate ^(d)	1.40	1.77	2.48	3.54	4.47	1.64
Standardised separation rate ratio (SRR)	0.85	1.08	1.51	2.16	2.73	
95% confidence interval of SRR	0.84–0.87	1.05–1.1	1.47–1.56	2.04–2.28	2.55–2.9	
Total acute conditions						
Separations ^(c)	148,462	55,293	31,525	6,884	5,193	247,732
Separation rate ^(d)	11.31	14.14	16.99	22.21	31.31	12.60
Standardised separation rate ratio (SRR)	0.90	1.12	1.35	1.76	2.48	
95% confidence interval of SRR	0.89–0.9	1.11–1.13	1.33–1.36	1.72–1.8	2.42–2.55	
Chronic conditions						
Angina						
Separations ^(c)	28,175	13,623	6,592	945	501	49,878
Separation rate ^(d)	2.17	3.22	3.48	3.66	4.50	2.52
Standardised separation rate ratio (SRR)	0.86	1.28	1.38	1.45	1.79	
95% confidence interval of SRR	0.85–0.87	1.26–1.3	1.35–1.41	1.36–1.54	1.63–1.94	

(continued)

Table 4.9 (continued): Separation statistics^(a) for potentially preventable hospitalisations, by Remoteness Area of usual residence, all hospitals, 2001–02

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(b)
Asthma						
Separations ^(c)	25,493	8,241	5,371	1,141	645	40,918
Separation rate ^(d)	1.96	2.09	2.83	3.53	3.95	2.09
Standardised separation rate ratio (SRR)	0.94	1.00	1.35	1.69	1.89	
95% confidence interval of SRR	0.93–0.95	0.98–1.02	1.32–1.39	1.59–1.79	1.74–2.04	
Chronic obstructive pulmonary disease						
Separations ^(c)	31,943	13,395	7,383	1,243	846	54,856
Separation rate ^(d)	2.47	3.12	3.89	4.98	8.08	2.77
Standardised separation rate ratio (SRR)	0.89	1.13	1.40	1.80	2.92	
95% confidence interval of SRR	0.88–0.9	1.11–1.15	1.37–1.44	1.7–1.9	2.72–3.11	
Congestive cardiac failure						
Separations ^(c)	26,231	10,436	5,549	810	479	43,534
Separation rate ^(d)	2.01	2.47	3.04	3.64	4.62	2.19
Standardised separation rate ratio (SRR)	0.92	1.13	1.39	1.66	2.11	
95% confidence interval of SRR	0.91–0.93	1.11–1.15	1.35–1.42	1.55–1.78	1.92–2.3	
Diabetes complications						
Separations ^(c)	84,745	35,104	17,544	3,289	2,180	142,992
Separation rate ^(d)	6.55	8.36	9.29	12.03	17.72	7.24
Standardised separation rate ratio (SRR)	0.90	1.15	1.28	1.66	2.45	
95% confidence interval of SRR	0.9–0.91	1.14–1.17	1.26–1.3	1.6–1.72	2.34–2.55	
Hypertension						
Separations ^(c)	2,717	1,641	1,623	311	173	6,469
Separation rate ^(d)	0.21	0.40	0.89	1.26	1.62	0.33
Standardised separation rate ratio (SRR)	0.64	1.21	2.70	3.82	4.91	
95% confidence interval of SRR	0.61–0.66	1.15–1.27	2.57–2.83	3.39–4.24	4.18–5.64	
Total chronic conditions						
Separations ^(c)	203,344	83,303	44,231	7,673	4,820	343,649
Separation rate ^(d)	15.68	19.88	23.54	28.81	40.31	17.39
Standardised separation rate ratio (SRR)	0.90	1.14	1.35	1.66	2.32	
95% confidence interval of SRR	0.9–0.91	1.14–1.15	1.34–1.37	1.62–1.69	2.25–2.38	
Total potentially preventable hospitalisations						
Separations ^(c)	357,056	140,690	76,981	14,962	10,381	600,759
Separation rate ^(d)	27.40	34.56	41.19	52.27	73.65	30.48
Standardised separation rate ratio (SRR)	0.90	1.13	1.35	1.71	2.42	
95% confidence interval of SRR	0.9–0.9	1.13–1.14	1.34–1.36	1.69–1.74	2.37–2.46	

(a) These conditions are defined using ICD-10-AM codes in Appendix 3.

(b) Includes Unknown Remoteness Area and excludes non-Australian residents.

(c) Excludes multiple procedures and diagnoses for the same separation within the same group.

(d) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001 using 30 June 2001 population estimates as divisors

Table 4.10: Average length of stay^(a) (days) for selected AR-DRGs version 4.2, by hospital sector, states and territories, 2001-02

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E62C Respiratory Infections/Inflammations W/O CC										
ALOS (days)	Public	3.71	3.41	3.33	3.51	3.35	3.81	3.70	4.25	3.54
	Private	5.23	5.34	5.17	4.44	5.97	5.33	5.56	..	5.19
	Total	3.85	3.75	3.78	3.75	3.89	4.32	3.94	4.25	3.83
Separations	Public	9,264	6,086	4,460	2,493	2,005	467	346	707	25,828
	Private	973	1,321	1,469	871	527	236	52	..	5,449
	Total	10,237	7,407	5,929	3,364	2,532	703	398	707	31,277
E65B Chronic Obstructive Airway Disease W/O Catastrophic or Severe CC										
ALOS (days)	Public	5.23	4.47	4.94	5.51	5.16	6.68	5.89	5.44	5.05
	Private	8.26	7.49	8.03	6.82	7.18	8.36	n.p.	..	7.74
	Total	5.54	4.97	5.68	5.88	5.56	7.30	n.p.	5.44	5.52
Separations	Public	8,772	5,255	4,060	1,675	1,703	441	210	356	22,472
	Private	995	1,041	1,279	645	427	258	43	..	4,688
	Total	9,767	6,296	5,339	2,320	2,130	699	253	356	27,160
E69C Bronchitis and Asthma Age<50 W/O CC										
ALOS (days)	Public	1.72	1.71	1.72	1.93	1.83	2.05	2.13	2.44	1.77
	Private	2.37	2.56	2.44	2.05	3.30	n.p.	n.p.	..	2.41
	Total	1.74	1.76	1.82	1.95	1.90	n.p.	n.p.	2.44	1.82
Separations	Public	10,976	6,440	4,458	2,752	3,388	404	273	317	29,008
	Private	318	401	716	561	178	n.p.	n.p.	..	2,276
	Total	11,294	6,841	5,174	3,313	3,566	n.p.	n.p.	317	31,284
F62B Heart Failure and Shock W/O Catastrophic CC										
ALOS (days)	Public	5.89	4.90	5.46	5.38	5.87	6.77	6.11	5.24	5.52
	Private	9.04	7.52	7.80	7.49	7.01	n.p.	n.p.	..	7.86
	Total	6.26	5.51	6.21	5.88	6.17	n.p.	n.p.	5.24	6.03
Separations	Public	8,801	6,559	3,929	1,938	2,044	428	235	208	24,142
	Private	1,183	2,010	1,872	597	743	n.p.	n.p.	..	6,729
	Total	9,984	8,569	5,801	2,535	2,787	n.p.	n.p.	208	30,871
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC										
ALOS (days)	Public	2.41	2.21	2.30	1.88	2.17	2.52	1.83	2.17	2.27
	Private	2.35	2.41	2.53	1.81	2.10	n.p.	n.p.	..	2.32
	Total	2.40	2.26	2.38	1.85	2.14	n.p.	n.p.	2.17	2.28
Separations	Public	9,767	6,461	4,530	1,998	1,778	707	404	195	25,840
	Private	1,986	2,323	2,427	1,300	877	n.p.	n.p.	..	9,406
	Total	11,753	8,784	6,957	3,298	2,655	n.p.	n.p.	195	35,246

(continued)

Table 4.10 (continued): Average length of stay^(a) (days) for selected AR-DRGs version 4.2, by hospital sector, states and territories, 2001-02

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G07B Appendicectomy W/O Catastrophic or Severe CC	ALOS (days)									
	Public	3.11	2.80	2.76	2.80	2.97	2.86	2.98	3.20	2.92
	Private	2.84	3.02	2.56	2.67	3.09	3.05	n.p.	..	2.80
	Total	3.06	2.85	2.68	2.75	3.01	2.94	3.01	3.20	2.89
Separations	Public	5,217	3,869	2,625	1,549	944	319	366	200	15,089
	Private	1,125	1,074	1,593	826	421	230	38	..	5,307
	Total	6,342	4,943	4,218	2,375	1,365	549	404	200	20,396
G08Z Abdominal, Umbilical and Other Hernia Procedures Age>0	ALOS (days)									
	Public	2.76	2.55	2.09	2.70	2.44	2.75	3.21	2.71	2.55
	Private	2.24	2.55	2.22	3.00	2.46	2.44	1.91	..	2.39
	Total	2.51	2.55	2.16	2.87	2.45	2.56	2.38	2.71	2.47
Separations	Public	3,607	2,747	2,065	902	937	182	89	83	10,612
	Private	3,290	2,121	2,758	1,141	833	294	156	..	10,593
	Total	6,897	4,868	4,823	2,043	1,770	476	245	83	21,205
G09Z Inguinal and Femoral Hernia Procedures Age>0	ALOS (days)									
	Public	1.58	1.54	1.32	1.49	1.72	1.58	1.25	1.83	1.53
	Private	1.69	1.67	1.44	1.68	1.95	1.60	1.26	..	1.64
	Total	1.64	1.61	1.39	1.61	1.84	1.59	1.26	1.83	1.59
Separations	Public	5,223	4,816	2,802	1,492	1,522	231	186	129	16,401
	Private	7,162	4,782	4,505	2,302	1,719	632	436	..	21,538
	Total	12,385	9,598	7,307	3,794	3,241	863	622	129	37,939
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	ALOS (days)									
	Public	2.31	2.31	1.92	2.50	2.15	2.08	2.33	3.05	2.24
	Private	2.16	2.48	2.17	2.29	2.53	2.24	1.79	..	2.27
	Total	2.24	2.38	2.06	2.38	2.33	2.18	1.98	3.05	2.26
Separations	Public	6,302	5,398	3,380	1,400	1,682	340	215	147	18,864
	Private	5,783	3,792	3,973	2,018	1,519	528	401	..	18,014
	Total	12,085	9,190	7,353	3,418	3,201	868	616	147	36,878
I03C Hip Replacement W/O Catastrophic or Severe CC	ALOS (days)									
	Public	8.02	8.19	8.32	6.89	7.03	9.12	8.21	n.p.	7.99
	Private	8.47	9.10	9.45	9.97	8.40	n.p.	n.p.	n.p.	9.03
	Total	8.27	8.75	9.01	9.05	7.87	n.p.	n.p.	n.p.	8.63
Separations	Public	2,224	1,624	991	444	597	158	146	21	6,205
	Private	2,886	2,654	1,560	1,028	955	n.p.	n.p.	..	9,662
	Total	5,110	4,278	2,551	1,472	1,552	n.p.	n.p.	21	15,867

(continued)

Table 4.10 (continued): Average length of stay^(a) (days) for selected AR-DRGs version 4.2, by hospital sector, states and territories, 2001-02

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
I04A and I04B Knee Replacement and Reattachment (combined in anticipation of AR-DRG version 5)										
ALOS (days)	Public	8.28	8.47	7.85	8.33	6.72	8.72	7.62	n.p.	8.07
	Private	8.22	9.13	9.48	11.04	8.05	10.99	8.35	..	8.99
	Total	8.24	8.90	8.93	10.37	7.53	10.46	8.07	n.p.	8.67
Separations	Public	3,078	1,800	1,405	527	926	116	219	15	8,086
	Private	5,471	3,282	2,801	1,591	1,466	378	353	..	15,342
	Total	8,549	5,082	4,206	2,118	2,392	494	572	15	23,428
I16Z Other Shoulder Procedures										
ALOS (days)	Public	2.18	1.91	1.77	2.22	1.98	1.75	2.08	2.40	2.00
	Private	1.86	1.96	2.00	1.68	1.96	2.22	1.77	..	1.90
	Total	1.91	1.95	1.96	1.76	1.96	2.13	1.84	2.40	1.92
Separations	Public	1,000	1,181	807	563	543	80	95	62	4,331
	Private	5,535	4,906	3,583	3,346	2,314	358	356	..	20,398
	Total	6,535	6,087	4,390	3,909	2,857	438	451	62	24,729
L63B Kidney and Urinary Tract Infections Age>69 W/O Catastrophic CC										
ALOS (days)	Public	5.18	4.54	4.99	5.80	5.27	6.60	6.58	n.p.	5.07
	Private	7.60	6.78	7.14	7.47	6.13	n.p.	n.p.	..	7.03
	Total	5.47	5.05	5.72	6.25	5.52	n.p.	n.p.	n.p.	5.51
Separations	Public	3,272	2,299	1,549	757	688	98	66	30	8,759
	Private	443	672	805	275	280	n.p.	n.p.	..	2,564
	Total	3,715	2,971	2,354	1,032	968	n.p.	n.p.	30	11,323
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC										
ALOS (days)	Public	3.88	3.08	3.63	3.42	3.49	3.35	3.14	n.p.	3.47
	Private	3.58	3.52	3.48	3.50	3.92	n.p.	n.p.	..	3.60
	Total	3.70	3.32	3.52	3.47	3.73	n.p.	n.p.	n.p.	3.55
Separations	Public	1,830	2,211	717	441	606	145	79	33	6,062
	Private	3,042	2,759	1,984	839	812	n.p.	n.p.	..	9,856
	Total	4,872	4,970	2,701	1,280	1,418	n.p.	n.p.	33	15,918
N04Z Hysterectomy for Non-Malignancy										
ALOS (days)	Public	4.34	4.22	3.95	4.32	4.30	3.71	4.80	4.73	4.22
	Private	4.70	5.15	4.36	5.06	5.03	n.p.	n.p.	..	4.80
	Total	4.54	4.62	4.21	4.76	4.70	n.p.	n.p.	4.73	4.54
Separations	Public	4,114	3,746	2,364	1,531	1,400	372	211	81	13,819
	Private	5,338	2,872	3,899	2,286	1,698	n.p.	n.p.	..	17,311
	Total	9,452	6,618	6,263	3,817	3,098	n.p.	n.p.	81	31,130

(continued)

Table 4.10 (continued): Average length of stay^(a) (days) for selected AR-DRGs version 4.2, by hospital sector, states and territories, 2001-02

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
N06Z Female Reproductive System Reconstructive Procedures	Public	3.49	3.48	3.19	3.40	3.88	3.63	3.71	n.p.	3.47
	Private	3.60	3.80	3.12	3.94	4.53	4.24	4.31	..	3.69
	<i>Total</i>	3.56	3.64	3.14	3.73	4.25	4.04	4.16	n.p.	3.60
Separations	Public	2,181	1,924	1,062	954	694	173	82	17	7,087
	Private	3,584	1,808	2,465	1,473	913	351	245	..	10,839
	<i>Total</i>	5,765	3,732	3,527	2,427	1,607	524	327	17	17,926
O01D Caesarean Delivery W/O Complicating Diagnosis	Public	4.69	4.69	4.04	4.76	4.78	4.92	4.84	6.03	4.60
	Private	5.89	5.95	5.39	6.50	6.56	n.p.	n.p.	..	5.91
	<i>Total</i>	5.17	5.13	4.70	5.76	5.52	n.p.	n.p.	6.03	5.16
Separations	Public	7,963	5,850	4,945	1,938	1,830	402	330	379	23,637
	Private	5,272	3,162	4,681	2,624	1,297	n.p.	n.p.	..	17,869
	<i>Total</i>	13,235	9,012	9,626	4,562	3,127	n.p.	n.p.	379	41,506
O60D Vaginal Delivery W/O Complicating Diagnosis	Public	2.85	2.89	2.50	3.09	2.95	3.65	2.69	3.41	2.84
	Private	4.37	4.53	4.38	4.67	4.88	n.p.	n.p.	..	4.48
	<i>Total</i>	3.24	3.30	3.03	3.68	3.48	n.p.	n.p.	3.41	3.28
Separations	Public	35,135	22,915	19,395	7,841	6,457	1,923	1,651	1,469	96,786
	Private	11,998	7,732	7,483	4,667	2,427	n.p.	n.p.	..	36,457
	<i>Total</i>	47,133	30,647	26,878	12,508	8,884	n.p.	n.p.	1,469	133,243
R61B Lymphoma and Non-Acute Leukaemia W/O Catastrophic CC	Public	4.87	4.27	4.53	5.52	5.07	5.80	6.61	n.p.	4.77
	Private	4.93	3.89	4.67	3.55	4.47	n.p.	n.p.	..	4.32
	<i>Total</i>	4.89	4.11	4.61	4.43	4.83	n.p.	n.p.	n.p.	4.59
Separations	Public	3,204	2,428	1,132	615	797	142	140	19	8,477
	Private	935	1,835	1,491	767	520	n.p.	n.p.	..	5,744
	<i>Total</i>	4,139	4,263	2,623	1,382	1,317	n.p.	n.p.	19	14,221
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	Public	13.51	12.75	11.48	13.23	11.62	11.95	13.59	10.15	12.64
	Private	18.80	17.99	18.27	14.12	16.53	n.p.	n.p.	..	17.46
	<i>Total</i>	14.76	14.61	14.05	13.53	13.07	n.p.	n.p.	10.15	14.16
Separations	Public	5,334	3,917	3,136	2,210	2,391	384	316	135	17,823
	Private	1,660	2,148	1,909	1,120	1,002	n.p.	n.p.	..	8,205
	<i>Total</i>	6,994	6,065	5,045	3,330	3,393	n.p.	n.p.	135	26,028

(a) Separations for which the type of episode of care was reported as acute, or was not reported. Excludes separations where the length of stay was greater than 120 days

.. not available.

n.p. not published

Main abbreviations: ALOS – average length of stay, CC – complications and comorbidities, CDE – common bile duct exploration, W/O – without, W – with.

Table 4.11: Relative stay index^(a), by hospital sector, patient election status and funding source states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1.01	0.95	0.93	1.01	0.96	0.98	1.05	1.26	0.98
Public ^(c)	1.01	0.95	0.93	1.01	0.96	0.98	1.05	1.26	0.98
Private patients	1.04	0.97	1.00	1.02	1.00	0.92	1.03	1.17	1.01
Private health insurance	1.04	0.97	1.00	1.04	1.00	0.86	1.00	0.84	1.02
Self funded	1.00	0.85	0.80	0.80	0.91	n.a.	0.77	1.35	0.93
Workers compensation	1.11	0.99	1.08	1.11	1.07	1.14	1.38	1.35	1.08
Motor vehicle third party personal claim	1.34	0.94	1.32	1.14	1.30	1.20	1.12	1.53	1.13
Department of Veterans' Affairs	0.98	0.98	0.95	0.94	0.97	0.95	0.99	0.94	0.97
Other private ^(d)	2.06	1.05	1.03	1.18	1.21	1.27	1.23	1.33	1.36
Patient election status not reported	0.70	0.87	n.a.	n.a.	n.a.	1.10	n.a.	0.69	0.93
Total	1.01	0.95	0.93	1.01	0.97	0.98	1.05	1.25	0.98
Private hospitals									
Public patients ^(b)	1.08	0.77	1.08	0.90	1.06	1.08	1.19	..	1.01
Public ^(c)	1.08	0.77	1.08	0.90	1.06	1.08	1.19	..	1.01
Private patients	1.04	1.01	1.04	1.08	1.03	1.11	1.10	..	1.04
Private health insurance	1.05	1.02	1.04	1.07	1.03	1.12	1.09	..	1.04
Self funded	0.87	0.84	0.78	0.81	0.85	n.a.	0.96	..	0.84
Workers compensation	0.97	1.10	0.90	0.90	0.96	0.93	1.10	..	0.99
Motor vehicle third party personal claim	0.87	1.12	0.97	1.10	0.96	1.04	1.00	..	1.06
Department of Veterans' Affairs	1.13	1.01	1.13	1.30	1.07	1.16	1.20	..	1.11
Other private ^(d)	0.89	0.98	0.92	0.96	0.97	n.a.	0.94	..	0.94
Patient election status not reported	0.76	1.02	n.a.	n.a.	n.a.	1.06	n.a.	..	1.06
Total	1.04	1.01	1.04	1.06	1.03	1.09	1.10	..	1.04
All Hospitals									
Public patients ^(b)	1.01	0.95	0.93	1.00	0.96	1.00	1.05	1.26	0.98
Public ^(c)	1.01	0.95	0.93	1.00	0.96	1.00	1.05	1.26	0.98
Private patients	1.04	1.00	1.04	1.07	1.02	1.05	1.09	1.18	1.03
Private health insurance	1.05	1.01	1.04	1.07	1.03	1.05	1.07	0.84	1.04
Self funded	0.91	0.84	0.80	0.81	0.87	n.a.	0.95	1.35	0.86
Workers compensation	1.03	1.06	0.93	0.96	0.99	1.00	1.19	1.35	1.02
Motor vehicle third party personal claim	1.32	0.98	1.26	1.10	1.25	1.18	1.11	1.53	1.12
Department of Veterans' Affairs	1.03	1.00	1.10	1.16	1.01	0.99	1.13	0.94	1.05
Other private ^(d)	1.88	1.03	0.97	1.10	1.06	1.27	1.11	1.41	1.18
Patient election status not reported	0.70	0.88	n.a.	n.a.	n.a.	1.07	n.a.	0.69	1.04
Total	1.02	0.97	0.98	1.03	0.99	1.02	1.07	1.25	1.00

(a) Relative stay index based on all hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care agreements*, *Reciprocal Health Care agreements*, *Other hospital or public authority*, *Other or Not reported*, and *most patients in Psychiatric hospitals*

(c) Includes patients whose funding source was reported as *Australian Health Care agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Includes patients whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*. n.a. not applicable.

Table 4.12: Relative stay index, directly and indirectly standardised^(a), by hospital sector, and medical/surgical/other type of AR-DRG, states and territories, 2001-02

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index^(b)									
Public hospitals	1.01	0.95	0.93	1.01	0.97	0.98	1.05	1.25	0.98
Medical	0.99	0.93	0.91	1.01	0.96	0.95	1.06	1.21	0.96
Surgical	1.05	1.00	0.99	1.01	1.00	1.03	1.05	1.36	1.02
Other	1.16	1.00	1.06	0.98	0.99	1.07	0.90	1.31	1.06
Private hospitals	1.04	1.01	1.04	1.06	1.03	1.09	1.10	..	1.04
Medical	1.23	1.05	1.13	1.10	1.12	1.12	1.31	..	1.13
Surgical	0.94	0.98	0.97	1.04	0.96	1.05	0.98	..	0.98
Other	0.89	0.94	0.97	0.96	0.94	1.07	0.94	..	0.94
All hospitals	1.02	0.97	0.98	1.03	0.99	1.02	1.07	1.25	1.00
Medical	1.03	0.95	0.98	1.04	0.99	1.01	1.11	1.21	1.00
Surgical	1.01	0.99	0.98	1.02	0.98	1.04	1.02	1.36	1.00
Other	1.03	0.97	1.00	0.97	0.97	1.07	0.91	1.31	1.00
Directly standardised relative stay index^(c)									
Public hospitals	1.03	0.96	0.95	1.02	0.98	1.02	1.09	n.p.	0.99
Medical	1.01	0.93	0.91	1.02	0.96	0.99	1.10	n.p.	0.96
Surgical	1.06	1.01	0.99	1.01	1.00	1.05	1.07	n.p.	1.02
Other	1.16	1.01	1.06	0.99	0.99	1.10	1.00	n.p.	1.06
Private hospitals	1.13	1.05	1.10	1.10	1.07	n.p.	n.p.	..	1.08
Medical	1.27	1.10	1.16	1.14	1.14	n.p.	n.p.	..	1.14
Surgical	0.93	0.98	0.99	1.04	0.97	n.p.	n.p.	..	0.97
Other	0.88	0.91	0.99	0.96	0.94	n.p.	n.p.	..	0.93
All hospitals	1.03	0.97	0.98	1.04	1.00	1.04	1.10	n.p.	1.00
Medical	1.04	0.96	0.98	1.05	1.00	1.04	1.15	n.p.	1.00
Surgical	1.01	1.00	0.98	1.03	0.99	1.04	1.03	n.p.	1.00
Other	1.04	0.97	1.01	0.98	0.97	1.08	0.98	n.p.	1.00

(a) Relative stay indices based on all hospitals.

(b) The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(c) The directly standardised relative stay index is rescaled so each group represents the national casemix and is therefore directly comparable between cells.

Note the indirectly standardised relative stay index and directly standardised relative stay index should be interpreted with the notes in appendix 3

.. not available.

Table 4.13: Emergency department waiting times^(a) by triage category and public hospital peer group, states and territories, 2001–02

Triage category and peer group	NSW ^(b)	Vic	Qld ^(c)	WA	SA ^(d)	Tas ^(e)	ACT ^(f)	NT	Total
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	20	18	16	4	4	2	1	1	66
Number of reporting hospitals	19	17	13	4	4	2	1	1	58
Estimated proportion of emergency visits (%) ^(h)	100	97	90	100	100	100	100	100	97
Number of patients seen	651,457	625,086	517,339	167,675	182,087	59,666	50,983	36,933	2,291,226
Proportion of patients seen on time (%)									
1 – Resuscitation	100	100	99	96	99	91	n.p.	n.p.	99
2 – Emergency	76	83	68	78	65	50	n.p.	n.p.	75
3 – Urgent	48	75	48	55	48	52	n.p.	n.p.	58
4 – Semi-urgent	49	63	54	50	49	47	n.p.	n.p.	55
5 – Non-urgent	79	83	73	72	85	83	n.p.	n.p.	78
Total/	55	71	57	58	53	51	n.p.	n.p.	60
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	88	87	83	81	79	91	77	56	84
2 – Emergency	72	75	68	58	66	70	52	59	69
3 – Urgent	54	55	44	46	44	47	43	36	49
4 – Semi-urgent	27	29	15	24	17	18	25	15	23
5 – Non-urgent	9	10	5	7	5	4	6	4	8
Total/	39	40	27	35	32	35	25	24	35
Proportion of patients in each triage category (%)									
1 – Resuscitation	1	1	1	1	2	1	2	2	1
2 – Emergency	8	9	7	12	10	10	5	6	9
3 – Urgent	36	32	34	34	36	40	22	29	34
4 – Semi-urgent	42	48	47	43	47	44	30	59	45
5 – Non-urgent	12	10	11	9	5	5	41	3	11
Total/	100	100	100	100	100	100	100	100	100
Large hospitals									
Number of hospitals in peer group	21	12	7	1	3	1	1	1	47
Number of reporting hospitals	21	2	6	n.a.	3	1	1	1	35
Estimated proportion of emergency visits (%) ^(h)	100	25	84	n.a.	100	100	100	100	80
Number of patients seen	501,890	59,954	192,888	n.a.	82,014	19,326	44,143	28,621	928,836
Proportion of patients seen on time (%)									
1 – Resuscitation	100	99	100	n.a.	100	n.p.	n.p.	n.p.	99
2 – Emergency	79	85	81	n.a.	72	n.p.	n.p.	n.p.	77
3 – Urgent	64	83	68	n.a.	54	n.p.	n.p.	n.p.	65
4 – Semi-urgent	66	72	67	n.a.	53	n.p.	n.p.	n.p.	66
5 – Non-urgent	88	95	87	n.a.	87	n.p.	n.p.	n.p.	88
Total/	70	80	72	n.a.	57	n.p.	n.p.	n.p.	70

(continued)

Table 4.13 (continued): Emergency department waiting times^(a) by triage category and public hospital peer group, states and territories, 2001–02

Triage category and peer group	NSW ^(b)	Vic	Qld ^(c)	WA	SA ^(d)	Tas ^(e)	ACT ^(f)	NT	Total
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	90	94	80	n.a.	77	79	61	77	86
2 – Emergency	71	69	61	n.a.	58	77	38	66	67
3 – Urgent	47	45	27	n.a.	43	45	27	42	42
4 – Semi-urgent	20	18	9	n.a.	16	13	12	14	17
5 – Non-urgent	5	7	2	n.a.	3	7	1	4	4
<i>Total</i>	30	26	16	n.a.	27	22	12	26	26
Proportion of patients in each triage category (%)									
1 – Resuscitation	0.6	0.3	0.4	n.a.	0.9	0.3	0.3	0.3	0.6
2 – Emergency	6	6	5	n.a.	8	3	3	6	6
3 – Urgent	32	27	28	n.a.	27	25	17	32	29
4 – Semi-urgent	48	51	49	n.a.	58	58	45	57	50
5 – Non-urgent	13	16	18	n.a.	5	14	35	5	15
<i>Total</i>	100	100	100	n.a.	100	100	100	100	100
Medium hospitals									
Number of hospitals in peer group									
	41	29	17	12	13	0	0	0	112
Number of reporting hospitals									
	10	0	0	2	6	0	0	0	18
Estimated proportion of emergency visits (%) ^(h)									
	33	n.a.	n.a.	37	80	n.a.	n.a.	n.a.	31
Number of patients seen									
	151,634	n.a.	n.a.	57,323	97,103	n.a.	n.a.	n.a.	306,060
Proportion of patients seen on time (%)									
1 – Resuscitation	100	n.a.	n.a.	99	77	n.a.	n.a.	n.a.	98
2 – Emergency	85	n.a.	n.a.	86	47	n.a.	n.a.	n.a.	78
3 – Urgent	79	n.a.	n.a.	61	55	n.a.	n.a.	n.a.	71
4 – Semi-urgent	82	n.a.	n.a.	53	54	n.a.	n.a.	n.a.	70
5 – Non-urgent	96	n.a.	n.a.	79	95	n.a.	n.a.	n.a.	93
<i>Total</i>	84	n.a.	n.a.	60	58	n.a.	n.a.	n.a.	74
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	74	n.a.	n.a.	15	85	n.a.	n.a.	n.a.	63
2 – Emergency	60	n.a.	n.a.	25	55	n.a.	n.a.	n.a.	49
3 – Urgent	38	n.a.	n.a.	19	34	n.a.	n.a.	n.a.	33
4 – Semi-urgent	12	n.a.	n.a.	6	9	n.a.	n.a.	n.a.	10
5 – Non-urgent	5	n.a.	n.a.	4	3	n.a.	n.a.	n.a.	4
<i>Total</i>	19	n.a.	n.a.	10	14	n.a.	n.a.	n.a.	16
Proportion of patients in each triage category (%)									
1 – Resuscitation	0.3	n.a.	n.a.	0.4	0.3	n.a.	n.a.	n.a.	0.3
2 – Emergency	4	n.a.	n.a.	5	3	n.a.	n.a.	n.a.	4
3 – Urgent	23	n.a.	n.a.	25	18	n.a.	n.a.	n.a.	22
4 – Semi-urgent	52	n.a.	n.a.	58	63	n.a.	n.a.	n.a.	56
5 – Non-urgent	21	n.a.	n.a.	11	15	n.a.	n.a.	n.a.	17
<i>Total</i>	100	n.a.	n.a.	100	100	n.a.	n.a.	n.a.	100

(continued)

Table 4.13 (continued): Emergency department waiting times^(a) by triage category and public hospital peer group, states and territories, 2001–02

Triage category and peer group	NSW ^(b)	Vic	Qld ^(c)	WA	SA ^(d)	Tas ^(e)	ACT ^(f)	NT	Total
Total^(g)									
Total number of hospitals	218	144	181	89	80	26	3	5	746
Number of reporting hospitals	51	19	20	6	13	4	2	5	120
Estimated proportion of emergency visits (%) ^(h)	72	60	56	42	77	84	100	100	64
Number of patients seen	1,324,282	685,040	744,289	224,998	361,204	97,653	95,126	95,320	3,627,912
Proportion of patients seen on time (%)									
1 – Resuscitation	100	100	99	96	99	89	99	100	99
2 – Emergency	78	83	71	79	65	52	87	67	76
3 – Urgent	57	76	56	56	50	55	80	69	60
4 – Semi-urgent	60	64	59	51	51	57	72	63	59
5 – Non-urgent	86	85	80	74	88	89	82	90	84
<i>Total</i>	64	72	62	58	55	61	78	70	64
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	88	87	82	75	79	83	75	59	82
2 – Emergency	71	74	66	54	63	66	47	63	67
3 – Urgent	50	54	37	40	42	43	37	40	45
4 – Semi-urgent	22	28	13	18	14	14	18	16	19
5 – Non-urgent	7	9	4	6	4	2	4	8	6
<i>Total</i>	33	39	23	28	26	26	18	23	30
Proportion of patients in each triage category (%)									
1 – Resuscitation	1	1	1	1	1	1	1	1	1
2 – Emergency	7	8	7	10	8	7	4	5	7
3 – Urgent	33	32	32	32	29	32	20	24	31
4 – Semi-urgent	46	48	48	46	54	47	37	54	47
5 – Non-urgent	14	10	14	10	8	14	38	17	13
<i>Total</i>	100	100	100	100	100	100	100	100	100

(a) Care needs to be taken in interpreting these data. Nationally agreed definitions exist but there may be differences in how data are collected. Data may vary across jurisdictions as a result of differences in clinical practices.

(b) Excludes records with incomplete information.

(c) The number of patients seen and the number of patients admitted was not available for June 2002 for 2 hospitals and waiting time was not available for 3 hospitals. Data for May 2002 was used for these hospitals

(d) Proportion of patients seen on time is based on 1 hospital for the Medium hospitals peer group, and 8 hospitals for the Total

(e) Estimated proportion of patients who were subsequently admitted is based on 3 hospitals for the Total.

(f) Waiting time information was not available for 3,929 records. The denominator for the proportion of patients seen on time only includes records where waiting time information was available.

(g) Includes data for hospitals not included in the specified hospital peer groups and some private hospitals.

(h) The number of occasions of service for Accident and emergency reported to the National Public Hospital Establishments Database for hospitals reporting to the Emergency Department Waiting Times Data Collection as a proportion of the total number of occasions of service for Accident and emergency reported to the National Public Hospital Establishments Database.

n.a. not applicable.

n.p. not published because there was only one hospital in the peer group.

5 Waiting times for elective surgery

Introduction

This chapter presents national statistics for elective surgery waiting times for the years 1999–00 to 2001–02, and a state and territory overview of elective surgery waiting times for 2001–02. Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure.

The data cover public hospitals only, except as noted below in the description of the scope of the data collection. Some smaller remote hospitals may have different patterns of service delivery compared to other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

The waiting times data presented here are generally used as the main summary measure of elective surgery waiting times, although they provide measures of waiting times only for patients who complete their wait and are admitted. Most patients are admitted after waiting; however, 9% to 23% of patients are removed from waiting lists for other reasons, for example, they were admitted as an emergency patient for the awaited procedure; or they could not be contacted, had died, had been treated elsewhere or had declined the surgery.

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest) represents the number of days within which 50% of patients were admitted; half the waiting times will have been shorter, and half the waiting times longer, than the median. The 90th percentile data represent the number of days within which 90% of patients were admitted. The 50th and 90th percentiles were calculated using SAS version 8 and rounded to the nearest number of days.

Data are also presented on the number of patients added to waiting lists and the number of patients removed from waiting lists for admission or another reason. This provides information about the movement of patients onto and off waiting lists. Data on the reasons for removal (elective admission or another reason) are also presented.

National Health Data Dictionary definitions (NHDC 2001) are the basis of the National Elective Surgery Waiting Times Data Collection and are summarised in the Glossary. However, some of the definitions used varied slightly among the states and territories in 2001–02 and in comparison with previous reporting periods. Comparisons between jurisdictions and between 2001–02 and previous reporting periods should therefore be made with reference to the notes on the definitions used and to previous reports (Moon 1996, AIHW 2000b, 2000c, 2001b, 2002a, 2002b).

Variation in methods to calculate waiting times

Waiting times are generally calculated by comparing the date on which a patient was added to a waiting list with the date that they were admitted. Days on which the patient was 'not ready for care' are excluded.

There was some variation in the method the states and territories used to calculate waiting times for patients who changed clinical urgency category while they were on the waiting list, and for patients who were transferred from a waiting list managed by one hospital to that managed by another.

Changed clinical urgency category

For patients who changed clinical urgency category, two methods were used:

- (a) counting the time waited in the most recent urgency category plus any time waited in more urgent categories, e.g. time waited in category 2, plus time spent previously in category 1 (this is the agreed national standard for counting);
- (b) counting the time waited in all urgency categories.

New South Wales, Victoria, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory counted the time waited in the most recent urgency category plus the time waited in previous urgency categories if the previous urgency categories were of higher urgency (a). South Australia counted total waiting time in all urgency categories (b).

Method (b) would have had the effect of increasing the apparent waiting for admissions in South Australia compared with other jurisdictions.

Transfers between waiting lists

For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not generally included in the waiting time reported to the National Elective Surgery Waiting Times Data Collection. Therefore, the number of days waited reflects the waiting time on the list managed by the reporting hospital only. This would have the effect of shortening the reported waiting time compared with the time actually waited for these patients.

The Australian Capital Territory was able to report the total time waited on all waiting lists. This could have the effect of increasing the reported waiting time for admissions in the Australian Capital Territory compared with other jurisdictions. South Australia has indicated that it is uncommon for patients to be transferred from a waiting list managed by one public hospital to that managed by another in that jurisdiction.

Waiting times and other data elements reported for elective surgery

Figure 5.1 presents data on patients admitted to hospital from elective surgery waiting lists for general surgery. The information presented by indicator procedure and public hospital peer groups is for all jurisdictions. The other information was only available for South Australia and Queensland because they provide data for elective surgery admissions linked

with the Queensland and South Australian data in the National Hospital Morbidity Database, respectively. This allows waiting times information for these patients to be analysed with other information relating to their admission for elective surgery. For South Australia, a total of 98.6% of records were linked, so 1.4% of elective surgery admissions were not included in the elective surgery waiting times data.

There were 136,078 admissions from elective surgery waiting lists for general surgery. The median waiting time for these patients was 23 days and 2.8% of these patients waited more than 12 months for admission. *Cholecystectomy* was the indicator procedure with the highest number of admissions from elective surgery waiting lists for general surgery.

For Queensland and South Australia combined, there were 36,795 admissions from elective surgery waiting lists for general surgery and these accounted for 91,487 patient days. The average length of stay was 2.5 days.

The most common procedure reported was *General anaesthesia* (Block 1910), and the most common principal diagnosis reported was *Cholelithiasis* (K80), followed by *Inguinal hernia* (K40). The most common AR-DRG reported was *Other skin, subcutaneous tissue and breast procedure* (J11Z).

The age group with the highest proportion of separations was 55–64 years and more separations were for males than for females. A large proportion of these patients had a separation mode of *Other*, suggesting that these patients went home after separation from hospital.

State and territory overview

Coverage

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals only. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included; however, some are not. Table 5.2 shows that coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and specialist women's and children's* peer group; all hospitals in this peer group were included. For the *Large hospital* peer group, data for six hospitals in Victoria, and the one hospital in Western Australia were not reported. Data for 56 out of 112 hospitals in the *Medium hospital* peer group were reported. Hospitals that were not included may not actually undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals.

The methodology for assigning public hospital peer groups was adjusted slightly for 2001–02 compared to 1999–00 and 2000–01, so the data presented in Table 5.1 should be interpreted with reference to the information on public hospital peer groups provided in Appendix 4.

Table 5.2 also presents estimates of the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection. The Institute

derived these estimates from data provided by the states and territories for the National Hospital Morbidity Database, as:

- the number of separations with ‘urgency of admission’ reported as *elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with ‘urgency of admission’ reported as *elective* and a surgical procedure for all public hospitals.

Separations for cosmetic surgery were excluded. The definition of ‘surgical procedure’ used for these estimates is detailed in the Glossary and based on the procedures used to define surgical Australian Refined Diagnosis Related Groups version 4.2 (DHAC 1998, 2000a, 2000b). Information about ‘urgency of admission’ is detailed in Chapter 6.

Based on this measure, overall coverage of the National Elective Surgery Waiting Times Data Collection was about 84%, and ranged from 100% in New South Wales, the Australian Capital Territory and the Northern Territory, to about 61% in South Australia (Table 5.2). Coverage was highest for the *Principal referral and specialist women’s and children’s* peer group hospitals at about 100%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

For 1999–00 and 2000–01 (Table 5.1), estimates of the proportion of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection were based on all admissions, rather than on elective admissions only. This is because ‘urgency of admission’ was reported for the first time for 2000–01, and was not used that year in the calculation of the estimate because of concerns over data quality.

Distribution of days waited

Overall, the median waiting time for patients who were admitted from waiting lists was 27 days in 1999–00, 2000–01 and 2001–02 (Table 5.1). In 2001–02, this ranged from 23 days in Queensland to 40 days in the Australian Capital Territory. Ninety per cent of patients were admitted within 203 days in 2001–02, compared with 202 days in 2000–01 and 175 days in 1999–00. In 2001–02 this ranged from 132 days in Queensland to 339 days in Tasmania.

The shortest median waiting time was for patients admitted from waiting lists in hospitals in the *Principal referral and specialist women’s and children’s* peer group (24 days). In the *Large hospitals* and *Medium hospitals* peer groups, it was 33 days and 32 days respectively.

Proportion waiting more than 12 months

Overall, the proportion of patients admitted after waiting more than 12 months was 4.5% in 2001–02 compared with 4.4% in 2000–01 and 3.1% in 1999–00 (Table 5.1). In 2001–02 this proportion varied among the states and territories, ranging from 3.6% in Queensland and South Australia to 9.0% in Tasmania.

In the *Principal referral and specialist women’s and children’s* peer group, 4.2% of patients were admitted after waiting more than 365 days, as were 5.0% of patients in the *Large hospitals* peer group, and 4.7% of patients in the *Medium hospitals* peer group.

Admissions from waiting lists

Hospitals in the *Principal referral and specialist women’s and children’s* peer group accounted for 62.4% of admissions from elective surgery waiting lists in 2001–02 compared with 66.2% in 2000–01 and 65.5% in 1999–00 and respectively. Another 23.0% were reported for

hospitals in the *Large hospitals* peer group in 2001–02, compared with 19.3% in 2000–01 and 18.2% in 1999–00. In 2001–02, 12.3% of admissions were in the *Medium hospitals* peer group, compared with 13.4% in 2000–01 and 14.0% in 1999–00 (Table 5.1). Overall, for 2001–02, the number of admissions from waiting lists ranged from 6,395 in the Northern Territory to 186,229 in New South Wales (Table 5.2).

There were 26.0 admissions reported for elective surgery per 1,000 population (crude rate) for Australia overall in 2001–02, compared with 26.4 in 2000–01 and 27.7 in 1999–00 (Table 5.1).

Additions and removals from waiting lists

Table 5.3 shows the movement of patients on and off waiting lists in 2001–02. Patients are removed from waiting lists either when they are admitted on an elective basis for the procedure for which they were waiting or for a range of other reasons such as admission as an emergency patient for the procedure for which they were waiting; the surgery not being required; or the patient not being able to be contacted by the hospital, having died, having the surgery elsewhere or declining the surgery (see the Glossary for a full description of the categories).

Of total removals (elective admissions and other), elective admissions accounted for the greatest proportion overall (85.3%), ranging from 76.6% in the Australian Capital Territory to 87.3% in New South Wales.

Information on the reason for removal other than elective admission for the awaited procedure was not available for Queensland. For the other states and territories, surgery not required or declined was the reason for removal with the greatest proportion of removals (16.8%, 35,761 patients) following admissions as elective patients. A further 1.2% of patients (2,570) were admitted as emergency patients, 3.7% (7,912) could not be contacted and 7.1% (15,178) were treated elsewhere. The reason for removal was not reported for 1.4% (6,325) of patients who were removed from waiting lists.

Specialty of surgeon

Table 5.4 shows the distribution of days waited by patients admitted from waiting lists, the proportion who waited more than 12 months and the total number of patients admitted from waiting lists in 2001–02, by the specialty of the surgeon who was to perform the surgery and by state and territory.

Distribution of waiting times

Ophthalmology and orthopaedic surgery were the surgical specialties with the longest median waiting times (57 and 45 days respectively). All other surgical specialties except ear, nose and throat surgery had median waiting times of less than 30 days; cardio-thoracic surgery had the shortest median waiting time (12 days).

The median waiting time varied markedly among the states and territories for orthopaedic surgery, with 50% of patients being admitted within 24 days in Queensland and within 168 days in Tasmania. For plastic surgery, variation in the median waiting time was less marked, ranging from 20 days in Western Australia to 43 days in the Northern Territory.

The length of time by which 90% of patients had been admitted also varied by surgical specialty, from 75 days for cardio-thoracic surgery to 395 days for ophthalmology.

Proportion waiting more than 12 months

Ophthalmology and orthopaedic surgery were the specialties with the highest proportion of patients who waited more than a year to be admitted (11.9% and 8.0% respectively). Cardiothoracic surgery had the lowest proportion of patients who waited more than a year (0.2%), followed by gynaecology (1.2%) and neurosurgery (1.5%).

There was marked variation among the states and territories in the proportion of patients who waited more than a year to be admitted for some surgical specialties. For example, 3.9% of patients admitted for orthopaedic surgery waited more than a year in Queensland, compared with 28.5% of patients in Tasmania. For ophthalmology, 4.3% of patients waited more than a year to be admitted in Victoria and South Australia, compared with 36.3% of patients in Tasmania.

Admissions from waiting lists

Nationally, admissions from waiting lists were highest for general surgery (136,078) and lowest for neurosurgery (8,517). Admissions from waiting lists were highest for general surgery for all jurisdictions. Neurosurgery had the lowest number of admissions for all states and territories where it is undertaken.

Indicator procedures

Indicator procedures are procedures, which are of high volume and are often associated with long waits. Table 5.5 shows state and territory data on the distribution of days waited by patients admitted from waiting lists, the proportion of patients who waited more than 12 months to be admitted from waiting lists and the total number of patients admitted from waiting lists for elective surgery in 2001–02, by indicator procedure.

Distribution of days waited

Nationally, the indicator procedure with the lowest median waiting time was coronary artery bypass graft (16 days) and the indicator procedure with the highest median waiting time was total knee replacement (131 days).

There was marked variation among the states and territories in the median waiting time for septoplasty, ranging from 59 days in Queensland to 228 days in Tasmania and 309 days in the Northern Territory.

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 96 days for coronary artery bypass graft to 546 days for septoplasty.

Proportion waiting more than 12 months

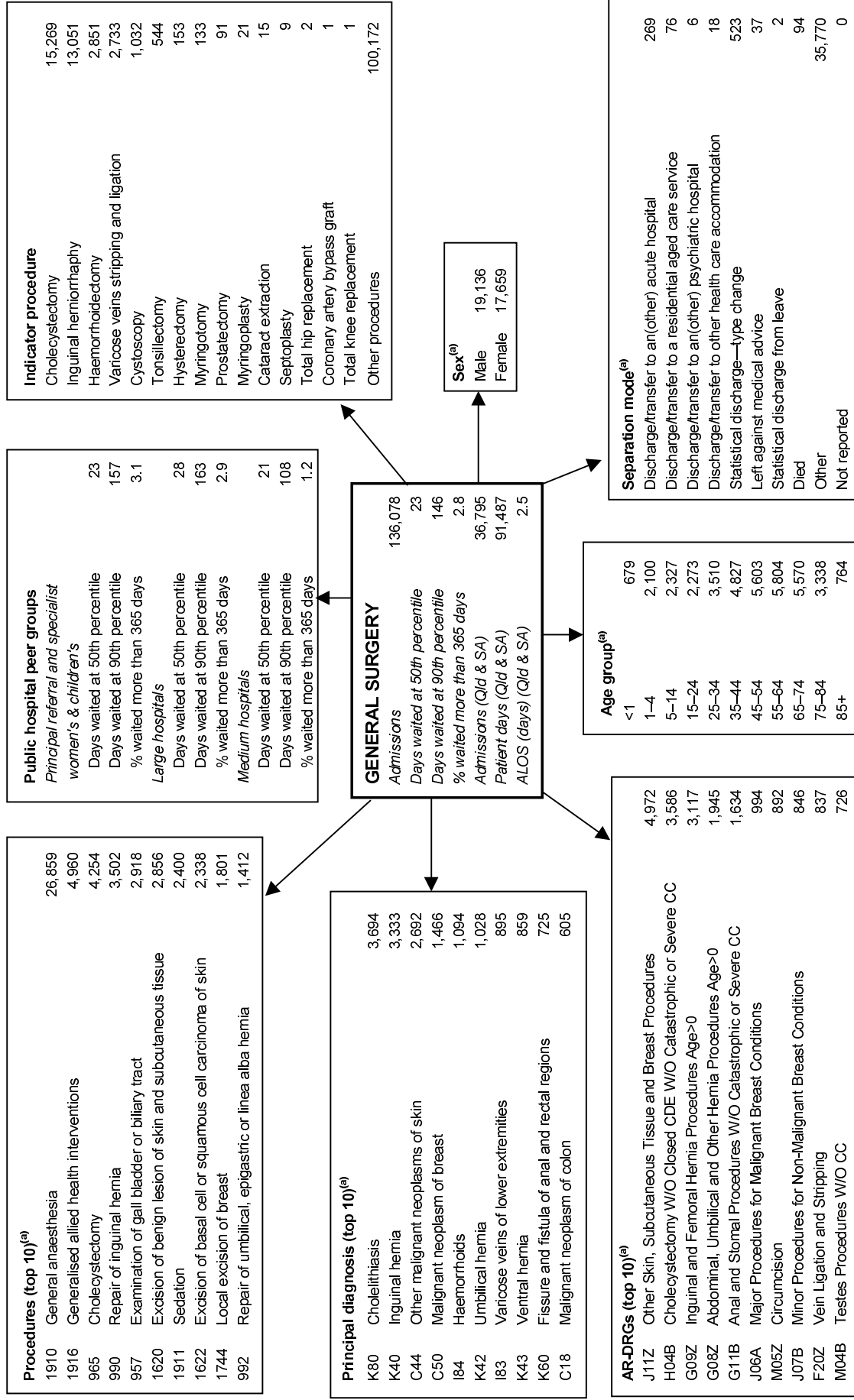
The indicator procedure with the highest proportion of patients waiting more than a year was total knee replacement (19.4%), followed by septoplasty (18.9%). The lowest proportion of patients waiting more than a year were waiting for a coronary artery bypass graft (0.4%).

The proportion of patients admitted from waiting lists who waited more than a year varied among the states and territories. For example, 5.1% of patients waited more than a year for admission for cataract extraction in Victoria, compared with 56.6% in Tasmania. For total hip replacement, the proportion ranged from 4.5% in the Northern Territory to 38.5% in Tasmania.

Admissions from waiting lists

Overall, 31.8% of patients admitted for elective surgery were waiting for one of the indicator procedures. There was some variation among the states and territories: Victoria and the Australian Capital Territory had the highest proportion of admissions for the indicator procedures (33.9%) and the Northern Territory had the lowest proportion (20.6%).

Cataract extraction was the highest volume indicator procedure for all jurisdictions except Queensland and Tasmania, where cystoscopy was the highest. Myringoplasty was the lowest volume indicator procedure for all states and territories except Tasmania, where prostatectomy was the lowest, and the Northern Territory, where myringotomy was the lowest. Coronary artery bypass grafts are not done in the Northern Territory.



(a) These data are supplied to the National Hospital Morbidity Database for South Australia and Queensland only.

Note: Main abbreviations: CC—complications and comorbidities, W/O—without, Inj—injury, W—with, Cat—catastrophic, CDE—common duct exploration, ALOS—average length of stay.

Figure 5.1: Interrelationships of a speciality of surgeon (General surgery) with other data elements, all hospitals, 2001–02

Table 5.1: Waiting time statistics for patients admitted from waiting lists, by public hospital peer group^(a), Australia, 1999–00 to 2001–02

	1999–00	2000–01	2001–02
Principal referral and specialist women's & children's hospitals			
Number of hospitals in peer group	66	68	66
Number of reporting hospitals ^(c)	65	67	66
Estimated coverage of surgical separations (%) ^(d)	100	99	100
Number of admissions ^(e)	349,477	333,013	317,275
Days waited at 50th percentile	24	26	24
Days waited at 90th percentile	177	194	184
% waited more than 365 days	3.4	4.2	4.2
Large hospitals			
Number of hospitals in peer group	45	46	47
Number of reporting hospitals ^(c)	35	37	40
Estimated coverage of surgical separations (%) ^(d)	77	79	84
Number of admissions ^(e)	96,104	98,315	116,882
Days waited at 50th percentile	31	30	33
Days waited at 90th percentile	174	207	229
% waited more than 365 days	2.7	4.6	5.0
Medium hospitals			
Number of hospitals in peer group	112	112	112
Number of reporting hospitals ^(c)	60	60	56
Estimated coverage of surgical separations (%) ^(d)	58	56	53
Number of admissions ^(e)	73,851	68,317	62,430
Days waited at 50th percentile	28	30	32
Days waited at 90th percentile	166	221	231
% waited more than 365 days	2.4	4.4	4.7
Total^(b)			
Total number of hospitals	722	719	723
Number of reporting hospitals ^(c)	191	195	193
Estimated coverage of surgical separations (%) ^(d)	85	85	84
Number of admissions ^(e)	527,910	508,290	508,371
Admissions per 1,000 population ^(f)	27.7	26.4	26.0
Days waited at 50th percentile	27	27	27
Days waited at 90th percentile	175	202	203
% waited more than 365 days	3.1	4.4	4.5

(a) The methodology used to assign public hospital peer groups was adjusted for 2001–02 compared to 1999–00 and 2000–01. See Appendix 4

(b) Includes data for hospitals not included in the specified hospital peer groups and some private hospitals contracted to do elective surgery

(c) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See Appendix 4 for further information.

(d) For 1999–00 and 2000–01 this is the number of separations with a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with a surgical procedure for all public hospitals.

For 2001–02, this is the number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of separations with urgency of admission reported as 'elective' and a surgical procedure for all public hospitals. Urgency of admission was reported for the first time in 2000–01.

It was not used to calculate the estimated coverage for that year because of concerns about data quality

(e) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(f) Crude rate.

Table 5.2: Waiting time statistics for patients admitted from waiting lists, states and territories, by hospital peer group, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's & children's hospitals									
Number of hospitals in peer group	20	18	16	4	4	2	1	1	66
Number of reporting hospitals ^(c)	20	18	16	4	4	2	1	1	66
Estimated coverage of elective surgical separations ^(d) (%)	100	100	100	100	100	100	100	100	100
Number of admissions ^(e)	89,299	83,257	79,135	21,784	24,796	10,612	4,460	3,932	317,275
Days waited at 50th percentile	22	27	21	23	32	33	n.p.	n.p.	24
Days waited at 90th percentile	161	218	131	224	195	323	n.p.	n.p.	184
% waited more than 365 days	3.4	5.0	3.7	4.8	3.3	8.6	n.p.	n.p.	4.2
Large hospitals									
Number of hospitals in peer group	21	12	7	1	3	1	1	1	47
Number of reporting hospitals ^(c)	21	6	7	0	3	1	1	1	40
Estimated coverage of elective surgical separations ^(d) (%)	100	60	100	n.a.	100	100	100	100	84
Number of admissions ^(e)	51,313	25,620	22,301	n.a.	9,881	2,447	3,566	1,754	116,882
Days waited at 50th percentile	34	29	27	n.a.	41	n.p.	n.p.	n.p.	33
Days waited at 90th percentile	278	189	137	n.a.	229	n.p.	n.p.	n.p.	229
% waited more than 365 days	6.6	2.4	3.4	n.a.	4.4	n.p.	n.p.	n.p.	5.0
Medium hospitals									
Number of hospitals in peer group	41	29	17	12	13	0	0	n.a.	112
Number of reporting hospitals ^(c)	40	1	9	6	0	n.a.	n.a.	n.a.	56
Estimated coverage of elective surgical separations ^(d) (%)	100	6	77	72	n.a.	n.a.	n.a.	n.a.	53
Number of admissions ^(e)	38,286	2,084	5,012	17,048	n.a.	n.a.	n.a.	n.a.	62,430
Days waited at 50th percentile	35	n.p.	29	27	n.a.	n.a.	n.a.	n.a.	32
Days waited at 90th percentile	269	n.p.	112	210	n.a.	n.a.	n.a.	n.a.	231
% waited more than 365 days	5.8	n.p.	1.4	3.3	n.a.	n.a.	n.a.	n.a.	4.7

(continued)

Table 5.2 (continued): Waiting time statistics for patients admitted from waiting lists, by hospital peer group, states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total^{(a)(b)}									
Total number of hospitals	221	144	157	89	80	25	2	5	723
Number of reporting hospitals ^(c)	107	26	33	10	7	3	2	5	193
Estimated coverage of elective surgical separations ^(d) (%)	100	70	98	72	61	99	100	100	84
Number of admissions ^(e)	186,229	112,309	108,844	38,832	34,677	13,059	8,026	6,395	508,371
Admissions per 1,000 population ^(f)	28	23	30	20	23	28	25	32	26
Days waited at 50th percentile	28	28	23	25	34	34	40	29	27
Days waited at 90th percentile	220	210	132	217	203	339	268	230	203
% waited more than 365 days	5.0	4.4	3.6	4.1	3.6	9.0	6.8	4.4	4.5

(a) Includes data for hospitals not included in the specified hospital peer groups.

(b) Includes data for two private hospitals contracted to do elective surgery in New South Wales.

(c) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection.

(d) The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission of 'elective' and a surgical procedure for all public hospitals.

(e) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(f) Crude rate.

n.a. not applicable.

n.p. not published because there was only one hospital in the peer group.

Table 5.3: Additions to and removals from waiting lists, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Additions	218,414	129,531	125,939	42,520	40,279	14,964	7,126	6,967	585,740
Removals^(a)									
Admitted as an elective patient ^(b)	186,229	112,309	108,844	38,832	34,677	13,059	8,026	6,395	508,371
Admitted as an emergency admission	1,457	714	..	270	0	113	6	10	2,570
Could not be contacted/died	3,437	2,239	..	634	561	738	303	..	7,912
Treated elsewhere	8,444	3,666	..	1,000	868	463	737	..	15,178
Surgery not required or declined	13,717	11,857	..	5,541	2,244	996	1,406	..	35,761
Not reported ^(c)	n.a.	1,764	19,783	1,220	1,811	n.a.	n.a.	1,530	26,108
Total removals	213,284	132,549	128,627	47,497	40,161	15,369	10,478	7,935	595,900

(a) See Glossary for a full description of these categories.

(b) For Tasmania and the Northern Territory, small numbers of emergency admissions were included with the elective admissions.

(c) For the Australian Capital Territory, includes a small number of cases with invalid reason for removal codes.

.. not available.

n.a. not applicable.

Table 5.4: Waiting list statistics for patients admitted from waiting lists, by speciality of surgeon, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic									
Admissions	4,226	3,395	3,407	952	721	502	265	0	13,468
Days waited at 50th percentile	13	8	11	12	13	28	19	n.a.	12
Days waited at 90th percentile	77	49	84	58	83	144	48	n.a.	75
Proportion waited more than 12 months	0.1	0.6	0.1	0.0	0.4	0.0	0.0	n.a.	0.2
Ear, nose & throat surgery									
Admissions	13,882	11,823	8,638	3,658	3,795	818	796	565	43,975
Days waited at 50th percentile	48	36	32	59	49	33	50	70	42
Days waited at 90th percentile	322	287	285	364	280	331	343	395	311
Proportion waited more than 12 months	8.1	7.2	8.2	9.9	5.5	8.8	9.2	13.3	7.9
General surgery									
Admissions	56,963	26,958	28,581	8,993	8,214	3,149	1,235	1,985	136,078
Days waited at 50th percentile	22	24	23	19	30	32	26	61	23
Days waited at 90th percentile	132	182	114	131	155	277	162	281	146
Proportion waited more than 12 months	2.1	3.9	2.8	2.2	1.7	7.2	4.0	4.8	2.8
Gynaecology									
Admissions	32,427	13,112	17,242	6,066	4,860	2,483	1,224	1,846	79,260
Days waited at 50th percentile	23	29	23	17	26	26	29	7	23
Days waited at 90th percentile	115	175	86	58	124	135	143	71	109
Proportion waited more than 12 months	1.1	2.3	1.0	0.2	0.8	1.1	1.9	0.8	1.2
Neurosurgery									
Admissions	3,042	2,148	1,466	695	703	206	257	0	8,517
Days waited at 50th percentile	16	17	10	18	16	53	37	n.a.	17
Days waited at 90th percentile	68	128	123	131	113	300	144	n.a.	110
Proportion waited more than 12 months	0.7	1.4	2.9	0.9	0.7	7.8	1.2	n.a.	1.5
Ophthalmology									
Admissions	19,064	13,854	7,313	4,789	3,741	645	720	694	50,820
Days waited at 50th percentile	98	37	26	88	42	154	82	160	57
Days waited at 90th percentile	441	227	464	322	264	557	621	308	395
Proportion waited more than 12 months	19.0	4.3	12.9	5.8	4.3	36.3	27.1	5.5	11.9
Orthopaedic surgery									
Admissions	25,443	15,842	18,896	4,778	4,190	1,633	1,531	824	73,137
Days waited at 50th percentile	50	49	24	70	74	168	79	77	45
Days waited at 90th percentile	358	307	174	382	330	616	340	276	320
Proportion waited more than 12 months	9.6	7.4	3.9	10.9	7.9	28.5	8.8	5.0	8.0

(continued)

Table 5.4 (continued): Waiting list statistics for patients admitted from waiting lists, by specialty of surgeon, states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Plastic surgery									
Admissions	7,365	9,411	7,365	3,079	3,372	1,179	296	98	32,165
Days waited at 50th percentile	23	24	24	20	28	37	41	43	25
Days waited at 90th percentile	118	164	118	218	174	219	267	244	142
Proportion waited more than 12 months	1.2	3.6	2.0	4.8	4.3	3.9	4.4	7.1	2.9
Urology									
Admissions	16,428	11,216	8,034	4,126	4,097	1,717	977	88	46,683
Days waited at 50th percentile	27	27	25	17	41	28	34	57	27
Days waited at 90th percentile	131	180	117	74	201	221	164	243	147
Proportion waited more than 12 months	2.4	3.2	2.1	1.1	5.6	4.5	1.3	5.7	2.8
Vascular surgery									
Admissions	4,170	2,341	2,383	829	925	244	295	0	11,187
Days waited at 50th percentile	13	18	17	20	9	21	19	n.a.	14
Days waited at 90th percentile	77	257	113	183	46	189	334	n.a.	118
Proportion waited more than 12 months	1.1	7.0	5.5	3.0	0.6	1.6	8.8	n.a.	3.6
Other									
Admissions	3,219	2,209	5,519	867	59	483	430	93	12,879
Days waited at 50th percentile	7	23	15	8	5	5	38	10	13
Days waited at 90th percentile	106	116	113	34	31	20	206	88	112
Proportion waited more than 12 months	0.2	1.4	0.5	0.2	0.0	0.0	4.2	1.1	0.7
Total									
Admissions	186,229	112,309	108,844	38,832	34,677	13,059	8,026	6,395	508,371
Days waited at 50th percentile	28	28	23	25	34	34	40	29	27
Days waited at 90th percentile	220	210	132	217	203	339	268	230	203
Proportion waited more than 12 months	5.0	4.4	3.6	4.1	3.6	9.0	6.8	4.4	4.5

n.a. not applicable.

Table 5.5: Waiting list statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	14,345	9,232	4,567	3,503	2,431	394	615	487	35,574
Days waited at 50th percentile	159	53	30	113	60	395	98	175	88
Days waited at 90th percentile	471	256	544	322	303	632	638	313	430
Proportion waited more than 12 months	24.1	5.1	16.8	5.2	5.9	56.6	31.2	6.4	15.4
Cholecystectomy									
Admissions	6,517	3,321	3,233	797	874	395	186	143	15,466
Days waited at 50th percentile	40	44	40	29	48	74	68	65	41
Days waited at 90th percentile	210	234	149	143	167	406	289	291	205
Proportion waited more than 12 months	4.6	4.6	2.9	1.3	0.8	11.9	7.5	7.0	4.1
Coronary artery bypass graft									
Admissions	1,691	1,465	1,497	408	428	328	168	0	5,985
Days waited at 50th percentile	21	10	17	17	16	39	16	n.a.	16
Days waited at 90th percentile	111	64	101	66	83	155	45	n.a.	96
Proportion waited more than 12 months	0.1	1.4	0.1	0.0	0.5	0.0	0.0	n.a.	0.4
Cystoscopy									
Admissions	10,600	6,531	4,775	1,703	1,887	592	559	245	26,892
Days waited at 50th percentile	28	28	27	18	52	32	41	47	28
Days waited at 90th percentile	119	165	134	94	233	210	177	247	145
Proportion waited more than 12 months	1.9	2.5	2.1	2.1	6.0	1.9	1.4	4.1	2.4
Haemorrhoidectomy									
Admissions	1,240	627	515	232	217	36	15	14	2,896
Days waited at 50th percentile	35	61	38	28	51	112	52	136	40
Days waited at 90th percentile	209	395	213	182	300	516	413	334	272
Proportion waited more than 12 months	4.4	10.5	7.4	3.9	4.1	25.0	13.3	7.1	6.5
Hysterectomy									
Admissions	4,320	1,664	2,154	1,076	609	378	177	26	10,404
Days waited at 50th percentile	38	40	34	27	41	67	52	46	36
Days waited at 90th percentile	176	238	107	79	152	221	251	146	162
Proportion waited more than 12 months	2.4	3.1	1.4	0.3	0.8	3.7	4.0	3.8	2.1
Inguinal herniorrhaphy									
Admissions	5,594	2,870	2,630	966	724	307	160	135	13,386
Days waited at 50th percentile	34	39	35	25	61	95	65	105	36
Days waited at 90th percentile	201	230	153	153	202	585	362	364	207
Proportion waited more than 12 months	3.3	5.4	3.8	2.2	2.3	16.3	10.0	9.6	4.2

(continued)

Table 5.5 (continued): Waiting list statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Myringoplasty									
Admissions	358	337	345	178	99	26	11	38	1,392
Days waited at 50th percentile	102	104	73	121	63	213	147	225	98
Days waited at 90th percentile	454	396	838	479	369	1610	760	643	503
Proportion waited more than 12 months	17.3	13.4	20.3	18.5	10.1	42.3	27.3	31.6	17.7
Myringotomy									
Admissions	648	2,498	1,705	715	638	119	154	9	6,486
Days waited at 50th percentile	24	25	36	47	44	18	50	n.p.	32
Days waited at 90th percentile	153	99	145	238	111	83	187	n.p.	137
Proportion waited more than 12 months	1.7	1.1	1.2	5.3	0.8	1.7	2.6	n.p.	1.6
Prostatectomy									
Admissions	2,339	1,281	773	341	490	11	12	25	5,272
Days waited at 50th percentile	31	28	27	19	41	35	98	74	29
Days waited at 90th percentile	179	233	123	88	408	47	219	228	191
Proportion waited more than 12 months	3.7	4.8	3.8	0.6	12.4	0.0	0.0	4.0	4.6
Septoplasty									
Admissions	1,068	1,351	618	496	187	36	66	29	3,851
Days waited at 50th percentile	106	114	59	73	168	228	183	309	105
Days waited at 90th percentile	430	583	910	511	494	838	480	451	546
Proportion waited more than 12 months	13.7	21.3	24.6	15.3	18.2	22.2	16.7	37.9	18.9
Tonsillectomy									
Admissions	3,833	3,225	2,662	907	787	36	160	87	11,697
Days waited at 50th percentile	87	47	45	85	72	83	113	135	63
Days waited at 90th percentile	401	288	365	378	342	345	425	398	368
Proportion waited more than 12 months	12.8	6.9	10.0	10.7	7.2	5.6	21.3	17.2	10.1
Total hip replacement									
Admissions	2,222	1,468	1,099	387	415	169	145	22	5,927
Days waited at 50th percentile	111	110	56	88	103	264	91	114	96
Days waited at 90th percentile	450	378	250	334	270	628	341	227	395
Proportion waited more than 12 months	14.8	10.8	6.3	8.0	6.7	38.5	6.9	4.5	11.7
Total knee replacement									
Admissions	3,191	1,399	1,360	372	495	126	199	22	7,164
Days waited at 50th percentile	174	129	69	174	135	404	139	102	131
Days waited at 90th percentile	598	448	350	524	338	774	361	243	524
Proportion waited more than 12 months	26.9	14.8	9.3	20.4	7.7	51.6	9.0	0.0	19.4

(continued)

Table 5.5 (continued): Waiting list statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Varicose veins stripping & ligation									
Admissions	1,683	857	874	197	346	42	94	33	4,126
Days waited at 50th percentile	53	126	86	43	109	129	181	201	73
Days waited at 90th percentile	320	757	762	538	439	457	515	377	532
Proportion waited more than 12 months	7.4	25.1	24.3	17.3	13.3	16.7	26.6	12.1	16.2
Not applicable/not stated									
Admissions	126,580	74,183	80,037	26,554	24,050	10,064	5,305	5,080	346,773
Days waited at 50th percentile	21	23	20	20	27	28	29	29	22
Days waited at 90th percentile	135	176	109	166	165	254	196	222	146
Proportion waited more than 12 months	2.3	3.5	2.2	3.6	2.9	6.5	3.8	0.0	2.8
Total									
Admissions	186,229	112,309	108,844	38,832	34,677	13,059	8,026	6,395	508,371
Days waited at 50th percentile	28	28	23	25	34	34	40	41	27
Days waited at 90th percentile	220	210	132	217	203	339	268	254	203
Proportion waited more than 12 months	5.0	4.4	3.6	4.1	3.6	9.0	6.8	4.4	4.5

n.a. not applicable.

n.p. not published because the number of admissions was less than 10.

6 Administrative data for admitted patients

Introduction

This chapter presents a summary of patient-level administrative information, including admitted patient election status, funding source, cross-border flows, care type, urgency of admission, mode of admission, mode of separation and inter-hospital contracted patient status. The data are derived from the Institute's National Hospital Morbidity Database, a compilation of patient-level data for separations from public and private hospitals in Australia. Separations were included for all care types except *Newborn* episodes that did not include qualified days. Tables 6.10 and 6.11 also include *Newborn* episodes without qualified days.

In previous publications, data have been presented on the data element 'Insurance status' which indicated whether a patient had hospital insurance, regardless of whether hospital insurance was used to fund the episode of care. This data element was collected for 2001-02, however, as the data element 'Funding source for hospital patient' includes the category *Private health insurance*, and insurance status information may not be accurately recorded for separations other than those for which *Private health insurance* is the funding source, these data will not be reported separately in this publication.

Data on Medicare eligibility status for admitted patients have previously been presented with data on patient election status and funding source. For 2001-02, there were apparent inconsistencies in the way Medicare eligibility was reported among states and territories, in particular in relation to the funding source and patient election status data. Hence, the data on Medicare eligibility status has not been included in Tables 6.1 to 6.4, but is presented in Appendix 3 instead. It has, however, been included in Table 6.5, to allow comparison of data on Medicare eligibility status, patient election status and funding source over time, as far as is possible.

Patient election status and funding source

Tables 6.1 to 6.4 are presented hierarchically using the data elements Admitted patient election status and selected Funding source categories. The tables to be published on the Internet will present all funding source categories. The data element 'Funding source for hospital patient' (*National Health Data Dictionary*, version 10 (NHDC 2001)) was implemented from July 2001 and provides information about the principal source of funds for an admitted patient episode.

The funding source categories are:

- Australian Health Care Agreements
- private health insurance
- self-funded

- worker's compensation
- motor vehicle third party personal claim
- other compensation (e.g. public liability, common law, medical negligence)
- Department of Veterans' Affairs
- Department of Defence
- correctional facility
- other hospital or public authority (contracted care)
- reciprocal health care agreements (with other countries)
- other
- not known.

For the purpose of reporting these data, patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements* were categorised as public patients, as were public psychiatric hospital patients unless another funding source was reported for them. Patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Worker's compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans' Affairs*, *Department of Defence* or *Correctional facility* were categorised as private patients.

As this is the first year of collection for this data element, not all states and territories were able to report separations for all funding source categories. Also, there may have been some variation between jurisdictions in the definitions used for the funding source categories and in the way in which state- or territory-level data were mapped to the NHDD format. In particular, Tasmania was not able to identify separations whose funding source was *Self-funded*. Therefore the number of separations for this category may be underestimated, while the number of separations in the funding source categories of *Private health insurance* and *Other private patients* may be overestimated.

For *Australian Hospital Statistics 1999–00* (AIHW 2001a) these tables were based on the data element 'Patient accommodation eligibility status'. For *Australian Hospital Statistics 2000–01* (AIHW 2002a), these tables were compiled using four different data elements from version 9 of the *National Health Data Dictionary* (NHDC 2000) – 'Admitted patient election status', 'Department of Veterans' Affairs patient', 'Medicare eligibility status' and 'Compensable status'. To provide some continuity between *Australian Hospital Statistics 1999–00*, *Australian Hospital Statistics 2000–01* and this publication and to facilitate time series comparisons, the presentation of information in Table 6.5 has combined selected funding source categories to reflect the presentation in previous publications, and included Medicare eligibility status data. In Table 6.5, for 2001–02, the category *Compensable* includes *Worker's compensation*, *Motor vehicle third party personal claim* and *Other compensation*, while the category *Other private* includes private patients whose funding source was not *Department of Veterans' Affairs* or *Compensable*. However, caution should be taken when making comparisons over time as the categories presented are not directly comparable. In 2001–02, there was some variation between jurisdictions in the application of the data element 'Admitted patient election status', with some states and territories using this element to reflect the patient's choice of room or doctor and others to reflect the funding source. This variation is likely to have affected earlier data, so discontinuities may exist due to the categorisation for 2001–02 of patients with the funding source reported as *Department of Defence* and *Correctional facility* as 'private patients' who may previously have been reported as 'public patients', for example.

Public patients accounted for 55.4% of separations, 86.7% from public hospitals (3,440,661) and 4.3% in private hospitals (104,766) (Table 6.1). Patients whose funding source was reported as *Private health insurance* made up 57.1% of private patients in public hospitals, 78.5% of private patients in private hospitals and 32.8% of all separations. *Department of Veterans' Affairs* patients made up 5.1% of all hospital separations.

Overall, around 1.1% of patients were funded by *Worker's compensation* (72,664 separations) while 0.4% were funded by *Motor vehicle third party personal claims* (26,207 separations). For these compensable separations 61.1% were treated in private hospitals.

In both sectors combined there were 181.2 separations per 1,000 population (age-standardised) for public patients, compared with 144.5 for private patients (Table 6.2). The latter figure is underestimated because separations were not available for the Northern Territory private hospitals, nor for a number of private hospitals and/or private free-standing day hospital facilities in Victoria, the Australian Capital Territory and South Australia (see Appendix 4 for further details). The Northern Territory recorded the highest public patient separation rate (373.7 per 1,000). The separation rates for public patients in private hospitals in Western Australia (27.0 per 1,000) and Tasmania (25.4 per 1,000) were markedly higher than for other states and territories.

Table 6.3 presents the average cost weight of separations in each state and territory by hospital sector, patient election status and funding source. The table has been restricted to separations with a care type of *Acute*, *Newborn* (with at least one qualified patient day) or *Not reported*. In the public sector, the average cost weights for private patients were higher than that for public patients for all states and territories. Also, patients whose funding source was reported as *Motor vehicle third party personal claim* had average cost weights markedly higher than other funding source categories. In the private sector, patients whose funding source was reported as *Department of Veterans' Affairs* had the highest average cost weights. More detail about the AR-DRG classification and cost weights is included in Chapter 11.

Table 6.4 shows the number of patient days reported for each funding source category, by state or territory and hospital sector. Public patients accounted for 60.7% of total patient days, while *Private health insurance* funded patients accounted for 27.1% of total patient days.

Between 1997-98 and 2001-02, the number of separations for private patients for both sectors combined increased by 24.1% (6.0% per year), while separations for public patients increased by 7.9% (2.0% per year) over the same period (Table 6.5). The number of separations recorded for Medicare eligible private patients in public hospitals increased by 2.7% between 2000-01 and 2001-02. The number of separations and patient days attributable to Medicare eligible public patients in private hospitals increased each year, to account for 4.3% and 4.9%, respectively, of private hospital activity in 2001-02. The proportion of separations for *Department of Veterans' Affairs* patients in public hospitals increased from 2.9% of total separations in 1997-98 to 3.3% of total separations in 2001-02. Over the same period the proportion of separations for *Department of Veterans' Affairs* patients in private hospitals remained at about 7.6% of total separations. Medicare eligible patients accounted for 99.2% of all separations from all hospitals in Australia in 2001-02, with 0.4% recorded as not eligible for Medicare. In comparison, 99.1% of separations were reported as being for Medicare eligible patients in 1997-98.

Cross-border flows

For cross-border flow information, the state or territory of usual residence is reported as one of the six states, the Australian Capital Territory, the Northern Territory, other Australian territories (including Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory) or other (including resident overseas, at sea, no fixed address) (Tables 6.6 to 6.9). This information is derived from information on the area of usual residence of the patient stored in the National Hospital Morbidity Database as the state or territory and Statistical Local Area of residence.

Table 6.6 presents the number of separations in each jurisdiction by state or territory of usual residence and hospital sector. Overall, 97.5% (6,233,351) of separations were for patients who were treated in their state or territory of residence (Table 6.8). However, in the Australian Capital Territory 76.0% were for Australian Capital Territory residents (67,751), with most of the remainder being residents of New South Wales. This is because the Australian Capital Territory is a referral centre for surrounding districts, which are part of New South Wales.

Age-standardised separation rates per 1,000 population for each state and territory, by hospital sector and state or territory of usual residence, are presented in Table 6.7. There were relatively high rates for Northern Territory residents attending hospitals in South Australia and for Australian Capital Territory residents attending hospitals in New South Wales.

The average cost weight of separations in each state and territory by each hospital sector and state or territory of usual residence is presented in Table 6.9. As for Table 6.3, this table has been restricted to separations with a care type of *Acute, Newborn* (with at least one qualified day) or *Not reported*. Generally average cost weights in both the public and private sectors were higher in all jurisdictions for interstate patients than for patients resident in the state. Public sector separations for Northern Territory residents had higher average cost weights in all other states and territories compared to the Northern Territory. This reflects a tendency for Northern Territory residents who require more complex treatment to attend hospitals in other states. (see Chapter 11 for more information on DRGs.)

Care type

The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care. Definitions of each care type are summarised in the Glossary. They are:

- acute care
- rehabilitation care – delivered in a designated unit
- rehabilitation care – according to a designated program
- rehabilitation care – principal clinical intent
- palliative care – delivered in a designated unit
- palliative care – according to a designated program
- palliative care – principal clinical intent
- geriatric evaluation and management
- psychogeriatric care
- maintenance care

- newborn care
- other admitted patient care.

Care type was reported for most separations, but was not available for over half of the private hospital separations in Tasmania. Not all states and territories supplied information to this level of detail for rehabilitation and palliative care. For rehabilitation, a category of *Rehabilitation, not further specified* was used by some states and territories and is included in the tables in this chapter. Due to the small number of separations reported in the palliative care categories, only *Palliative care, not further specified* has been used in Tables 6.10 and 6.11. Victoria did not use the *Psychogeriatric care* or *Maintenance care* categories.

The *Newborn care* type is used for all patients aged 9 days or less at admission. *Newborn* episodes of care comprise separations with qualified days only, separations with a mixture of qualified and unqualified days and separations with unqualified days only. Most states and territories have implemented this *Newborn* definition; however, Tasmania and the Northern Territory did not report *Newborns* with a mixture of qualified and unqualified days (see the Glossary and Appendix 3). Victoria did not provide data for *Newborn* separations with only unqualified days for the private sector.

Table 6.10 presents the number of separations for each care type. For public and private sectors combined, 92.8% of separations were classified as episodes of *Acute care*, 3.8% as *Newborn* and 1.8% as *Rehabilitation care*. There was some variation among the states and territories and between the public and private sectors. For example, the proportion of public hospital separations that was for *Rehabilitation care* ranged from 0.8% (543) in the Northern Territory to 2.4% in Queensland (17,677).

Newborn separations with all unqualified days (see Appendix 3 for more information) have been included in Tables 6.10 and 6.11 only in this report and, as such, will cause total separations in Table 6.10 to differ from those of other tables. They accounted for an additional 187,208 separations, the majority (140,973 or 75.3%) in the public sector.

Average length of stay for episodes of *Acute care* in private hospitals (2.6 days) was shorter than that for public hospitals (3.3 days) (Table 6.11). The average length of stay for *Newborn* episodes with a mixture of qualified and unqualified days has been presented separately as the average number of qualified days and the average number of unqualified days. In the public sector, the average length of stay for these 'mixed' separations was 4.5 qualified days and 2.1 unqualified days, compared with 9.4 days for newborns with qualified days only and 2.9 days for newborns with no qualified days. In the private sector, the average length of stay for these 'mixed' separations was 5.1 qualified days and 4.2 unqualified days, compared with 6.5 days for qualified newborns and 4.6 days for unqualified newborns.

Mode of admission

The mode of admission data element records the mechanism by which a patient begins an episode of care, and is presented in Table 6.12.

In both public and private hospitals, most separations had a mode of admission of *Other* (95.0%, 6,076,566), the term used to refer to all planned and unplanned admissions, except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of both *Admitted patient transferred from another hospital* (4.2%, 167,561) and *Statistical admission: type change* (1.3%, 51,105) than were reported for private hospitals (2.8%, 68,581 and 0.3%, 7,131, respectively). New South Wales had the highest proportion (4.5%) of *Admitted patient transferred from another hospital*.

Mode of separation

The mode of separation records the status of the patient (discharged, transferred, care type change, died) at the time of separation, and for some categories, the place to which the person was discharged or transferred, as shown in Table 6.13.

The majority of patients (5,913,817, 92.5%) were included in the *Other* category, suggesting that most patients go home after separation from hospital. This was particularly the case in the private sector, where 96.9% of separations (2,351,262) were categorised as *Other*; in the public sector, this figure was 89.8% (3,562,555). The main difference between the sectors was that more patients were transferred to other hospitals in the public sector (5.4%) than in the private sector (1.8%). There were also greater proportions of separations in the public sector for *Died* and the *Left against medical advice/discharge at own risk* category.

There is a discrepancy between the number of patients reporting a mode of separation of *Discharged/transferred to an(other) hospital* (acute and psychiatric) (257,216) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (236,142) (Tables 6.12, 6.13). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission.

Table 6.14 presents information by care type and mode of separation for patients aged over 70 years. Data on patients aged over 70 years may provide information that is useful to assess continuity of care. For most care types, the mode of separation with the highest number of separations reported was *Other*, which includes discharge to usual residence/own accommodation/welfare institution (85.2%). For separations where care type was *Palliative care*, the most frequent mode of separation was *Died* (7,605, 57.0%). Of the patients whose mode of separation was *Discharge/transfer to a residential aged care service*, 71.8% (30,450) had an acute care type, 7.5% (3,161) had a care type of rehabilitation, 1.1% (446) had a palliative care type and 19.7% (8,360) were for other care.

Inter-hospital contracted patient status

Table 6.15 reports on the element 'Inter-hospital contracted patient'. An episode for an inter-hospital contracted patient is defined in the *National Health Data Dictionary* version 10 (NHDC 2001) as an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service and for which the activity is recorded by both hospitals. Data on inter-hospital contracted patient status were provided by all jurisdictions. New South Wales supplied this data element as *Inter-hospital contracted patient from unspecified sector*, *Not inter-hospital contracted patient* or *Not reported*, while Tasmania reported all separations as *Not inter-hospital contracted patient*. Queensland expressed concern over the quality of their data for this data element. The national data should be interpreted with these caveats in mind.

Contracted care was reported for 0.8% (48,082) of all separations. The number of inter-hospital contracted patients was higher for private hospitals (41,018) than for public hospitals (7,064).

Of the states and territories that reported separations for contracted care, five specified the sector of the hospital purchasing the contracted care. For these states and territories, 26.4% (1,113 separations) of contracted care provided by public hospitals was purchased by the

private sector and 80.6% (13,966 separations) of contracted care provided by private hospitals was purchased by the public sector.

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double counting of hospital activity in the National Hospital Morbidity Database.

Urgency of admission

Table 6.16 reports on the data element 'Urgency of admission'. This data element describes whether the admission was assigned an urgency status, and if so, whether the admission occurred on an emergency or an elective basis. For 2001–02, South Australia did not use the code *Not assigned*, which would be expected to be applied to statistical admissions, scheduled readmissions for treatment, admissions for normal deliveries, or admissions that include the birth of the patient. Tasmania also did not use the code *Not assigned* and private hospital separations were reported as either *Elective* or *Not reported*.

Six states and territories reported separations for all three categories of urgency of admission. For these jurisdictions, the majority of *Emergency* admissions were treated in the public sector and there were also fewer elective admissions in the public sector than in the private sector. For both the private and public sectors combined, 29.3% (1,663,084) of separations were assigned an *Emergency* status, 59.9% of separations (3,404,935) were assigned an *Elective* status and the *Not assigned* status was recorded for 10.8% of separations. In the public hospital sector 42.2% of separations were assigned an *Emergency* status and 43.5% were assigned an *Elective* status. In the private sector 8.1% of separations were assigned an *Emergency* status, while 86.8% of separations were assigned an *Elective* status.

Figure 6.1 illustrates the number of separations for *Elective* admissions by month and hospital sector for New South Wales, Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory. The fewest separations for the both sectors was recorded for January (232,064 separations) while the highest number of separations was for August (311,967 separations).

Figure 6.2 illustrates the number of separations reported as emergency admissions by month and hospital sector of the year for the same states and territories. The number of separations did not vary greatly by month for both the public and private sectors, with the highest numbers reported for months with 31 days, and lowest for February. For most months, there were between 4341 and 4733 separations per day, on average.

Hospital in the home care

Table 6.17 reports on the new data element 'Hospital in the home', which is used to report the number of days of hospital in the home care provided (see Appendix 3 for further information). For 2001–02 New South Wales, Western Australia and Tasmania did not report this data element, while Queensland and the Australian Capital Territory did not report this element for private hospitals. In South Australia, hospital in the home care was defined as separate episodes of care and therefore the total number of patient days is equal to the number of hospital in the home care days for these separations. Queensland reported that hospital in the home care is only conducted by a small number of hospitals in that state.

Nationally, there were 30,128 separations that reported hospital in the home care. They accounted for 306,161 patient days, of which 217,609 days (71.1%) were reported as hospital

in the home care. Same day separations accounted for 88.2% (26,569 separations) of those reporting hospital in the home days.

Table 6.1: Separations, by patient election status, funding source and hospital sector, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
Public patients ^(a)	1,028,458	961,114	644,273	315,683	310,640	64,050	55,724	60,719	3,440,661
Public ^(b)	1,026,070	960,739	624,258	315,683	310,124	64,050	55,709	60,530	3,417,163
Private patients	235,049	125,047	50,448	37,076	51,694	14,257	6,221	2,588	522,380
Private health insurance	148,555	60,167	25,700	21,925	28,968	8,893	3,321	927	298,456
Self-funded ^(c)	15,757	14,101	11,067	1,095	3,150	..	79	143	45,392
Worker's compensation	7,740	5,876	1,045	1,584	1,460	326	471	332	18,834
Motor vehicle third party personal claim	4,847	9,205	827	1,790	1,656	633	158	481	19,597
Department of Veterans' Affairs	56,483	35,302	9,486	8,849	14,928	4,403	1,695	432	131,578
Other private patients ^(d)	1,667	396	2,323	1,833	1,532	2	497	273	8,523
Patient election status not reported	210	3,703	0	0	0	1,180	0	175	5,268
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
	Private hospitals								
Public patients ^(a)	18,140	2,838	20,601	49,734	1,269	12,177	7	..	104,766
Public ^(b)	18,135	2,838	20,600	49,734	1,264	12,177	0	..	104,748
Private patients	674,335	576,596	572,473	215,398	196,501	29,151	27,179	..	2,291,633
Private health insurance	527,363	450,625	428,736	179,455	167,310	25,710	20,397	..	1,799,596
Self-funded ^(c)	83,773	62,633	51,950	12,145	10,182	..	1,700	..	222,383
Worker's compensation	13,867	14,592	12,476	5,545	4,208	2,233	909	..	53,830
Motor vehicle third party personal claim	325	4,624	160	918	458	83	42	..	6,610
Department of Veterans' Affairs	48,459	43,841	71,315	15,675	12,097	1,125	3,816	..	196,328
Other private patients ^(d)	548	281	7,836	1,660	2,246	0	315	..	12,886
Patient election status not reported	67	402	0	0	0	29,321	0	..	29,790
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189
	All hospitals								
Public patients ^(a)	1,046,598	963,952	664,874	365,417	311,909	76,227	55,731	60,719	3,545,427
Public ^(b)	1,044,205	963,577	644,858	365,417	311,388	76,227	55,709	60,530	3,521,911
Private patients	909,384	701,643	622,921	252,474	248,195	43,408	33,400	2,588	2,814,013
Private health insurance	675,918	510,792	454,436	201,380	196,278	34,603	23,718	927	2,098,052
Self-funded ^(c)	99,530	76,734	63,017	13,240	13,332	..	1,779	143	267,775
Worker's compensation	21,607	20,468	13,521	7,129	5,668	2,559	1,380	332	72,664
Motor vehicle third party personal claim	5,172	13,829	987	2,708	2,114	716	200	481	26,207
Department of Veterans' Affairs	104,942	79,143	80,801	24,524	27,025	5,528	5,511	432	327,906
Other private patients ^(d)	2,215	677	10,159	3,493	3,778	2	812	273	21,409
Patient election status not reported	277	4,105	0	0	0	30,501	0	175	35,058
Total	1,956,259	1,669,700	1,287,795	617,891	560,104	150,136	89,131	63,482	6,394,498

(a) Includes separations whose patient election status was Public and whose funding source was reported as Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other or Not reported, and most patients in public psychiatric hospitals.

(b) Includes patients whose funding source was reported as Australian Health Care Agreements, Other hospital or public authority and most patients in public psychiatric hospitals.

(c) Some states and territories were unable to identify patients whose funding source may have been Self-funded, therefore the number of separations in this category may be underestimated and others may be overestimated.

(d) Includes separations whose patient election status was Private and whose funding source was reported as Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other and Unknown.

.. not available.

Table 6.2: Separations^(a) per 1,000 population by patient election status, funding source and hospital sector, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT ^(b)	NT	Total
Public hospitals									
Public patients ^(c)	153.8	196.3	178.4	170.2	198.2	133.9	193.5	373.7	175.9
Public ^(d)	153.4	196.2	172.8	170.2	197.8	133.9	193.4	372.7	174.7
Private patients	34.8	25.4	14.2	20.5	31.6	28.9	22.8	19.5	26.6
Private health insurance	22.1	12.3	7.2	11.9	18.3	18.1	11.7	5.8	15.2
Self-funded	2.4	2.9	3.1	0.6	2.1	..	0.2	0.8	2.3
Worker's compensation	1.2	1.2	0.3	0.8	1.0	0.7	1.5	1.6	1.0
Motor vehicle third party personal claim	0.7	1.9	0.2	0.9	1.1	1.4	0.5	2.4	1.0
Department of Veterans' Affairs	8.1	7.0	2.8	5.3	8.1	8.4	7.4	7.6	6.7
Other private patients ^(e)	0.3	0.1	0.6	1.0	1.0	0.0	1.5	1.3	0.4
Patient election status not reported	0.0	0.8	0.0	0.0	0.0	2.5	0.0	1.1	0.3
Total	188.6	222.5	192.5	190.7	229.7	165.0	216.3	394.3	202.8
Private hospitals									
Public patients ^(c)	2.7	0.6	5.8	27.0	0.8	25.4	0.0	..	5.4
Public ^(d)	2.7	0.6	5.8	27.0	0.8	25.4	0.0	..	5.4
Private patients	100.7	117.5	159.7	116.0	122.2	59.4	93.9	..	117.8
Private health insurance	88.0	103.0	133.6	106.5	117.3	59.4	77.4	..	103.6
Self-funded	12.5	12.8	14.4	6.4	6.5	..	5.6	..	11.5
Worker's compensation	2.1	3.0	3.4	2.9	2.8	4.6	2.8	..	2.8
Motor vehicle third party personal claim	0.0	0.9	0.0	0.5	0.3	0.2	0.1	..	0.3
Department of Veterans' Affairs	7.0	8.7	20.7	9.4	6.6	2.2	15.2	..	10.0
Other private patients ^(e)	0.1	0.1	2.2	0.9	1.5	0.0	1.0	..	0.7
Patient election status not reported	0.0	0.1	0.0	0.0	0.0	60.4	0.0	..	1.5
Total	103.4	118.2	165.5	143.0	123.0	145.3	93.9	..	124.8
All hospitals									
Public patients ^(c)	156.5	196.9	184.1	197.3	198.9	159.3	193.5	373.7	181.2
Public ^(d)	156.1	196.8	178.6	197.3	198.6	159.3	193.4	372.7	180.0
Private patients	135.5	142.9	173.8	136.5	153.8	88.0	116.8	19.5	144.5
Private health insurance	110.1	115.3	140.7	118.4	135.6	77.5	89.1	5.8	118.8
Self-funded	14.9	15.7	17.5	7.0	8.6	..	5.9	0.8	13.8
Worker's compensation	3.3	4.2	3.7	3.7	3.8	5.4	4.4	1.6	3.7
Motor vehicle third party personal claim	0.8	2.8	0.3	1.4	1.4	1.6	0.6	2.4	1.3
Department of Veterans' Affairs	15.1	15.7	23.4	14.7	14.8	10.6	22.7	7.6	16.7
Other private patients ^(e)	0.3	0.1	2.8	1.8	2.5	0.0	2.5	1.3	1.1
Patient election status not reported	0.0	0.8	0.0	0.0	0.0	62.9	0.0	1.1	1.8
Total	292.0	340.6	358.0	333.7	352.7	310.3	310.3	394.3	327.5

(a) The rates were directly age-standardised to the Australian population at 30 June 2001. For details see Appendix 3.

(b) The numerator of the rate for Australian Capital Territory includes a substantial proportion of non-ACT residents (see Table 6.8), therefore the population rates for Australian Capital Territory are overstated.

(c) Includes separations whose patient election status was Public and whose funding source was reported as *Australian Health Care agreements*, *Reciprocal Health Care agreements*, *Other hospital or public authority*, *Other or Not reported*, and most patients in public psychiatric hospitals.

(d) Includes patients whose funding source was reported as *Australian Health Care agreements* or *Other hospital or public authority*.

(e) Includes patients whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

.. not available.

Table 6.3: Average cost weight of separations^(a) by patient election status, funding source and hospital sector, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public acute hospitals								
Public patients ^(b)	1.03	0.93	0.98	0.93	0.98	1.07	0.94	0.74	0.97
Public ^(c)	1.03	0.93	0.97	0.93	0.98	1.07	0.94	0.74	0.97
Private patients	1.16	1.18	1.00	1.21	1.14	1.07	1.41	1.23	1.15
Private health insurance	1.13	1.19	0.91	1.12	1.05	0.99	1.40	1.08	1.11
Self-funded	1.11	0.70	0.98	0.85	0.92	..	1.18	1.08	0.93
Worker's compensation	1.11	1.09	1.18	1.20	1.11	1.05	1.11	0.94	1.11
Motor vehicle third party personal claim	1.77	2.06	2.88	2.37	2.40	2.33	5.45	2.22	2.11
Department of Veterans' Affairs	1.22	1.12	1.09	1.27	1.27	1.05	1.38	0.91	1.19
Other private patients ^(d)	1.19	1.13	1.06	1.16	1.19	1.53	0.84	1.01	1.11
Patient election status not reported	1.01	1.10	n.a.	n.a.	n.a.	0.93	n.a.	0.85	1.05
Total	1.05	0.96	0.98	0.96	1.01	1.06	0.99	0.76	0.99
	Private hospitals								
Public patients ^(b)	1.08	0.48	0.52	0.62	1.02	1.00	0.93	..	0.73
Public ^(c)	1.08	0.48	0.54	0.62	0.97	1.01	1.19	..	0.73
Private patients	0.84	0.94	0.85	0.89	0.95	0.92	1.01	..	0.89
Private health insurance	0.85	0.95	0.86	0.89	0.94	0.95	0.99	..	0.89
Self-funded	0.67	0.64	0.56	0.60	0.70	..	0.88	..	0.63
Worker's compensation	0.90	0.95	0.80	0.85	1.01	0.45	1.03	..	0.89
Motor vehicle third party personal claim	0.85	1.10	1.19	0.93	1.05	1.03	1.09	..	1.05
Department of Veterans' Affairs	1.13	1.29	1.06	1.20	1.21	1.06	1.19	..	1.15
Other private patients ^(d)	0.90	1.80	0.48	0.86	0.90	n.a.	0.84	..	0.67
Patient election status not reported	0.44	1.08	n.a.	n.a.	n.a.	0.97	n.a.	..	0.97
Total	0.85	0.94	0.84	0.84	0.95	0.96	1.01	..	0.88

(a) Separations for which the care type was reported as acute, or as newborn with qualified days, or was not reported. For further details see Chapter 11.

(b) Includes separations whose patient election status was Public and whose funding source was reported as *Australian Health Care agreements*, *Reciprocal Health Care agreements*, *Other hospital or public authority*, *Other or Not reported*, and most patients in public psychiatric hospitals.

(c) Includes patients whose funding source was reported as *Australian Health Care agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other and Unknown*.

n.a. not applicable

.. not available

Table 6.4: Patient days, by patient election status, funding source and hospital sector, states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
Public patients ^(a)	4,718,444	3,511,747	2,335,292	1,195,503	1,302,075	293,698	189,616	195,834	13,742,209
Public ^(b)	4,709,575	3,510,672	2,253,045	1,195,503	1,300,080	293,698	189,517	195,222	13,647,312
Private patients	1,148,961	569,663	258,464	167,101	259,464	55,422	30,401	9,969	2,499,445
Private health insurance	640,396	260,719	94,499	87,057	120,294	27,684	14,659	2,348	1,247,656
Self-funded	48,525	20,288	90,923	2,427	13,457	..	187	611	176,418
Worker's compensation	27,385	17,254	3,404	5,445	5,195	1,332	2,026	1,045	63,086
Motor vehicle third party personal claim	31,707	47,383	7,200	12,938	15,513	4,332	1,845	3,521	124,439
Department of Veterans' Affairs	360,764	222,341	51,239	51,417	100,113	22,060	10,212	1,542	819,688
Other private patients ^(c)	40,184	1,678	11,199	7,817	4,892	14	1,472	902	68,158
Patient election status not reported	727	10,902	0	0	0	12,751	0	323	24,703
Total	5,868,132	4,092,312	2,593,756	1,362,604	1,561,539	361,871	220,017	206,126	16,266,357
	Private hospitals								
Public patients ^(a)	70,224	4,273	99,952	124,212	4,891	40,215	25	..	343,792
Public ^(b)	70,219	4,273	99,924	124,212	4,878	40,215	0	..	343,721
Private patients	1,808,091	1,674,907	1,640,899	630,889	592,445	93,331	84,308	..	6,524,870
Private health insurance	1,410,335	1,279,279	1,197,995	502,210	506,073	85,086	60,187	..	5,041,165
Self-funded	128,440	83,068	62,539	15,115	14,924	..	3,518	..	307,604
Worker's compensation	31,552	41,465	18,231	10,280	10,665	2,656	2,740	..	117,589
Motor vehicle third party personal claim	782	51,936	658	2,337	1,918	291	142	..	58,064
Department of Veterans' Affairs	235,511	217,931	346,339	97,342	53,914	5,298	17,069	..	973,404
Other private patients ^(c)	1,471	1,228	15,137	3,605	4,951	0	652	..	27,044
Patient election status not reported	67	919	0	0	0	87,757	0	..	88,743
Total	1,878,382	1,680,099	1,740,851	755,101	597,336	221,303	84,333	..	6,957,405
	All hospitals								
Public patients ^(a)	4,788,668	3,516,020	2,435,244	1,319,715	1,306,966	333,913	189,641	195,834	14,086,001
Public ^(b)	4,779,794	3,514,945	2,352,969	1,319,715	1,304,958	333,913	189,517	195,222	13,991,033
Private patients	2,957,052	2,244,570	1,899,363	797,990	851,909	148,753	114,709	9,969	9,024,315
Private health insurance	2,050,731	1,539,998	1,292,494	589,267	626,367	112,770	74,846	2,348	6,288,821
Self-funded	176,965	103,356	153,462	17,542	28,381	..	3,705	611	484,022
Worker's compensation	58,937	58,719	21,635	15,725	15,860	3,988	4,766	1,045	180,675
Motor vehicle third party personal claim	32,489	99,319	7,858	15,275	17,431	4,623	1,987	3,521	182,503
Department of Veterans' Affairs	596,275	440,272	397,578	148,759	154,027	27,358	27,281	1,542	1,793,092
Other private patients ^(c)	41,655	2,906	26,336	11,422	9,843	14	2,124	902	95,202
Patient election status not reported	794	11,821	0	0	0	100,508	0	323	113,446
Total	7,746,514	5,772,411	4,334,607	2,117,705	2,158,875	583,174	304,350	206,126	23,223,762

(a) Includes separations whose patient election status was Public and whose funding source was reported as Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other or Not reported, and most patients in public psychiatric hospitals.

(b) Includes patients whose funding source was reported as Australian Health Care Agreements, Other hospital or public authority and most patients in public psychiatric hospitals.

(c) Some states and territories were unable to identify patients whose funding source may have been Self-funded, therefore the number of separations in this category may be underestimated and others may have been overestimated.

(d) Includes separations whose patient election status was Private and whose funding source was reported as Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other and Unknown.

.. not available.

Table 6.5: Separations and patient days, by Medicare eligibility status, patient election status, funding source, hospital sector and year, Australia, 1997-98 to 2001-02

	1997-98		1998-99		1999-00		2000-01		2001-02	
	Separations	Patient days	Separations	Patient days	Separations	Patient days	Separations	Patient days	Separations	Patient days
	Public hospitals									
Medicare eligible	3,746,443	15,975,004	3,839,380	15,997,754	3,854,035	16,077,822	3,850,363	15,528,879	3,952,339	16,208,395
Public ^(a)	3,241,001	13,405,151	3,363,784	13,543,735	3,387,768	13,809,906	3,353,250	13,147,419	3,440,473	13,741,599
Private ^(b)	505,442	2,569,853	475,596	2,454,019	466,267	2,267,916	497,113	2,381,460	510,637	2,454,176
Compensable	40,365	215,877	41,178	202,597	40,891	207,678	40,719	204,139	39,407	196,595
Department of Veterans' Affairs	108,597	675,436	114,713	697,672	127,408	783,240	133,517	826,714	131,578	819,688
Other private ^(c)	356,480	1,678,540	319,705	1,553,750	297,968	1,276,998	322,877	1,350,607	339,652	1,437,893
Not Medicare eligible	13,062	53,504	13,936	55,029	16,760	102,639	14,715	58,956	15,285	55,856
Not reported	10,593	531,921	6,375	221,445	2,020	62,654	2,529	143,777	685	2,106
Total	3,770,098	16,560,429	3,859,691	16,274,228	3,872,815	16,243,115	3,867,607	15,731,612	3,968,309	16,266,357
	Private hospitals									
Medicare eligible	1,766,426	5,938,951	1,843,174	5,981,128	2,010,768	6,310,300	2,228,635	6,601,398	2,388,452	6,831,433
Public ^(a)	43,563	175,263	54,389	202,406	80,914	272,634	101,612	316,815	104,766	343,792
Private ^(b)	1,722,863	5,763,688	1,788,785	5,778,722	1,929,854	6,037,666	2,127,023	6,284,583	2,254,365	6,393,884
Compensable	73,886	245,234	70,698	210,739	65,382	186,723	81,533	250,885	59,441	179,693
Department of Veterans' Affairs	134,622	714,365	158,278	794,251	167,408	866,286	182,265	930,160	183,516	918,932
Other private ^(c)	1,514,355	4,804,089	1,559,809	4,773,732	1,697,064	4,984,657	1,863,225	5,103,538	2,011,408	5,301,259
Not Medicare eligible	4,886	13,048	5,517	14,090	5,887	13,233	7,752	18,570	8,643	21,547
Not reported	21,664	42,702	26,667	49,595	9,334	37,466	34,404	117,373	29,094	104,425
Total	1,792,976	5,994,701	1,875,358	6,044,813	2,025,989	6,360,999	2,270,791	6,737,341	2,426,189	6,957,405
	All hospitals									
Medicare eligible	5,512,869	21,913,955	5,682,554	21,978,882	5,864,803	22,388,122	6,078,998	22,130,277	6,340,791	23,039,828
Public ^(a)	3,284,564	13,580,414	3,418,173	13,746,141	3,468,682	14,082,540	3,454,862	13,464,234	3,545,239	14,085,391
Private ^(b)	2,228,305	8,333,541	2,264,381	8,232,741	2,396,121	8,305,582	2,624,136	8,666,043	2,765,002	8,854,060
Compensable	114,251	461,111	111,876	413,336	106,273	394,401	122,252	455,024	98,848	376,288
Department of Veterans' Affairs	243,219	1,389,801	272,991	1,491,923	294,816	1,649,526	315,782	1,756,874	315,094	1,738,620
Other private ^(c)	1,870,835	6,482,629	1,879,514	6,327,482	1,995,032	6,261,655	2,186,102	6,454,145	2,351,060	6,739,152
Not Medicare eligible	17,948	66,552	19,453	69,119	22,647	115,872	22,467	77,526	23,928	77,403
Not reported	32,257	574,623	33,042	271,040	11,354	100,120	36,933	261,150	29,779	106,531
Total separations/patient days	5,563,074	22,555,130	5,735,049	22,319,041	5,898,804	22,604,114	6,138,398	22,468,953	6,394,498	23,223,762

(a) Includes separations whose patient election status was Public and whose funding source was reported as Australian Health Care agreements, Reciprocal Health Care agreements, Other hospital or public authority, Other or Not reported, and most patients in public psychiatric hospitals.

(b) Includes patients whose funding source was reported as Private health insurance, Self funded, Worker's compensation, Motor vehicle third party personal claim, Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other and Unknown.

(c) Includes separations whose funding source was reported as Worker's compensation, Motor vehicle third party personal claim and Other compensation. This differs from Tables 6.1 to 6.4 because Other compensation is included in the Other private patients category in those tables.

Table 6.6: Separations, by state or territory of usual residence and hospital sector, states and territories, 2001–02

State or territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
New South Wales	1,236,919	17,252	8,713	374	1,879	132	13,889	314	1,279,472
Victoria	5,242	1,064,884	1,495	349	2,150	242	186	234	1,074,782
Queensland	7,715	1,000	679,506	244	299	73	119	275	689,231
Western Australia	434	356	260	349,812	250	45	33	956	352,146
South Australia	618	1,301	395	198	355,420	117	43	1,554	359,646
Tasmania	251	1,160	151	51	64	78,744	22	22	80,465
Australian Capital Territory	2,173	184	129	20	61	13	47,589	19	50,188
Northern Territory	192	151	290	168	1,711	6	9	59,847	62,374
Other Australian territories ^(a)	2,133	496	14	92	0	0	1	0	2,736
Not elsewhere classified ^(b)	8,038	1,774	3,267	1,451	500	115	54	261	15,460
Not reported	2	1,306	501	0	0	0	0	0	1,809
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
	Private hospitals								
New South Wales	680,642	5,324	21,617	184	1,359	59	5,586	..	714,771
Victoria	6,059	572,261	1,228	122	1,054	82	43	..	580,849
Queensland	2,609	503	567,775	93	158	31	28	..	571,197
Western Australia	196	139	164	264,139	133	22	12	..	264,805
South Australia	223	373	438	57	193,584	7	16	..	194,698
Tasmania	148	757	179	26	44	62,067	6	..	63,227
Australian Capital Territory	1,523	172	97	13	25	4	20,162	..	21,996
Northern Territory	140	118	359	103	951	2	6	..	1,679
Other Australian territories ^(a)	32	0	50	28	0	0	1	..	111
Not elsewhere classified ^(b)	970	176	1,094	367	462	8,375	1,326	..	12,770
Not reported	0	13	73	0	0	0	0	..	86
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

(a) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(b) Includes resident overseas, at sea, no fixed address.

.. not available.

Table 6.7: Separations^(a) per 1,000 population, by state or territory of usual residence and hospital sector, states and territories, 2001–02

State or territory of usual residence	NSW								Total
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	
Public hospitals									
New South Wales	184.6	2.6	1.3	0.1	0.3	0.0	2.1	0.0	190.9
Victoria	1.1	217.3	0.3	0.1	0.4	0.0	0.0	0.0	219.4
Queensland	2.1	0.3	188.3	0.1	0.1	0.0	0.0	0.1	191.0
Western Australia	0.2	0.2	0.1	189.2	0.1	0.0	0.0	0.5	190.4
South Australia	0.4	0.8	0.2	0.1	225.2	0.1	0.0	1.0	228.0
Tasmania	0.5	2.4	0.3	0.1	0.1	163.4	0.0	0.0	167.0
Australian Capital Territory	7.0	0.6	0.4	0.1	0.2	0.0	165.4	0.1	173.8
Northern Territory	1.4	0.8	1.7	0.9	10.8	0.0	0.1	369.1	384.8
Other Australian territories ^(b)	1,879.1	221.3	5.8	38.1	0.0	0.0	0.3	0.0	2,144.6
Private hospitals									
New South Wales	101.6	0.8	3.2	0.0	0.2	0.0	0.8	..	105.8
Victoria	1.2	116.6	0.2	0.0	0.2	0.0	0.0	..	117.5
Queensland	0.7	0.1	158.3	0.0	0.0	0.0	0.0	..	158.1
Western Australia	0.1	0.1	0.1	142.4	0.1	0.0	0.0	..	141.7
South Australia	0.1	0.2	0.3	0.0	120.3	0.0	0.0	..	120.1
Tasmania	0.3	1.6	0.4	0.1	0.1	127.4	0.0	..	128.8
Australian Capital Territory	5.0	0.5	0.4	0.0	0.1	0.0	69.1	..	74.5
Northern Territory	1.0	0.7	2.1	0.6	5.9	0.0	0.0	..	10.3
Other Australian territories ^(b)	12.7	0.0	43.4	10.2	0.0	0.0	0.4	..	66.2
All hospitals									
New South Wales	286.2	3.4	4.5	0.1	0.5	0.0	2.9	0.0	296.8
Victoria	2.3	334.0	0.6	0.1	0.7	0.1	0.0	0.0	336.8
Queensland	2.9	0.4	346.7	0.1	0.1	0.0	0.0	0.1	349.1
Western Australia	0.3	0.3	0.2	331.6	0.2	0.0	0.0	0.5	332.1
South Australia	0.5	1.1	0.5	0.2	345.6	0.1	0.0	1.0	348.1
Tasmania	0.8	4.0	0.7	0.2	0.2	290.8	0.1	0.0	295.8
Australian Capital Territory	12.1	1.1	0.8	0.1	0.3	0.1	234.5	0.1	248.4
Northern Territory	2.4	1.5	3.8	1.5	16.8	0.1	0.1	369.1	395.0
Other Australian territories ^(b)	1,891.8	221.3	49.2	48.3	0.0	0.0	0.7	0.0	2,210.8

(a) The rates were directly age-standardised to the Australian population at 30 June 1991. For details see Appendix 3.

(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

.. not available.

Table 6.8: Separations, by state or territory of usual residence and hospital sector (per cent), states and territories, 2001–02

State or territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
New South Wales	97.9	1.6	1.3	0.1	0.5	0.2	22.4	0.5	32.2
Victoria	0.4	97.7	0.2	0.1	0.6	0.3	0.3	0.4	27.1
Queensland	0.6	0.1	97.8	0.1	0.1	0.1	0.2	0.4	17.4
Western Australia	<0.1	<0.1	<0.1	99.2	0.1	0.1	0.1	1.5	8.9
South Australia	<0.1	0.1	0.1	0.1	98.1	0.1	0.1	2.4	9.1
Tasmania	<0.1	0.1	<0.1	<0.1	<0.1	99.1	<0.1	<0.1	2.0
Australian Capital Territory	0.2	<0.1	<0.1	<0.1	<0.1	<0.1	76.8	<0.1	1.3
Northern Territory	<0.1	<0.1	<0.1	<0.1	0.5	<0.1	<0.1	94.3	1.6
Other Australian territories ^(a)	0.2	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	0.1
Not elsewhere classified ^(b)	0.6	0.2	0.5	0.4	0.1	0.1	0.1	0.4	0.4
Not reported	<0.1	0.1	0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Total	99.9	99.9	99.9	99.9	100.0	100.0	99.9	99.9	100.0
	Private hospitals								
New South Wales	98.3	0.9	3.6	0.1	0.7	0.1	20.5	..	29.5
Victoria	0.9	98.7	0.2	<0.1	0.5	0.1	0.2	..	23.9
Queensland	0.4	0.1	95.7	<0.1	0.1	<0.1	0.1	..	23.5
Western Australia	<0.1	<0.1	<0.1	99.6	0.1	<0.1	<0.1	..	10.9
South Australia	<0.1	0.1	0.1	<0.1	97.9	<0.1	0.1	..	8.0
Tasmania	<0.1	0.1	<0.1	<0.1	<0.1	87.9	<0.1	..	2.6
Australian Capital Territory	0.2	<0.1	<0.1	<0.1	<0.1	<0.1	74.2	..	0.9
Northern Territory	<0.1	<0.1	0.1	<0.1	0.5	<0.1	<0.1	..	0.1
Other Australian territories ^(a)	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	..	<0.1
Not elsewhere classified ^(b)	0.1	<0.1	0.2	0.1	0.2	11.9	4.9	..	0.5
Not reported	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	..	<0.1
Total	99.9	99.9	99.9	99.8	100.0	99.9	99.9	..	100.0

(a) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(b) Includes resident overseas, at sea, no fixed address.

.. not available.

Table 6.9: Average cost weight of separations, ^(a) by state or territory of usual residence and hospital sector, states and territories, 2001–02

State or territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
New South Wales	1.05	0.94	1.48	1.22	1.64	1.10	1.24	0.97	1.05
Victoria	1.18	0.95	0.95	1.39	1.40	1.22	2.12	1.13	0.96
Queensland	1.15	1.14	0.97	1.14	1.08	1.00	1.29	1.09	0.97
Western Australia	1.17	1.82	1.12	0.95	1.04	1.68	0.93	0.93	0.95
South Australia	1.51	1.78	1.05	1.44	0.99	0.59	0.74	0.74	0.99
Tasmania	1.36	2.14	1.26	1.21	1.42	1.06	1.01	0.71	1.08
Australian Capital Territory	1.60	1.79	0.74	1.27	1.63	0.44	0.91	0.60	0.95
Northern Territory	1.57	1.96	1.32	1.04	2.63	0.90	3.76	0.75	0.81
Other Australian territories ^(b)	0.56	1.19	0.80	1.20	n.a.	n.a.	0.44	n.a.	0.70
Not elsewhere classified ^(c)	1.02	1.11	1.27	1.28	2.02	1.33	1.60	1.30	1.15
Not reported	1.06	1.56	1.35	n.a.	n.a.	n.a.	n.a.	n.a.	1.51
Total	1.05	0.96	0.98	0.96	1.01	1.06	0.99	0.76	0.99
Private hospitals									
New South Wales	0.85	1.13	0.93	1.03	1.22	1.11	1.17	..	0.86
Victoria	0.76	0.94	0.91	1.12	1.12	1.28	1.53	..	0.94
Queensland	0.79	1.22	0.84	1.18	1.11	1.52	0.84	..	0.84
Western Australia	1.43	1.52	1.11	0.84	0.84	0.99	0.85	..	0.84
South Australia	0.88	1.14	0.71	1.05	0.94	0.67	0.87	..	0.94
Tasmania	1.46	1.46	1.00	1.12	0.75	0.95	0.37	..	0.96
Australian Capital Territory	1.41	1.26	0.86	0.87	0.92	1.37	0.98	..	1.01
Northern Territory	1.28	1.06	0.90	1.16	1.41	0.66	1.18	..	1.25
Other Australian territories ^(b)	0.82	n.a.	1.38	1.02	n.a.	n.a.	1.68	..	1.13
Not elsewhere classified ^(c)	1.81	1.26	0.98	1.05	0.92	0.98	0.78	..	1.02
Not reported	n.a.	1.94	1.05	n.a.	n.a.	n.a.	n.a.	..	1.20
Total	0.85	0.94	0.84	0.84	0.95	0.96	1.01	..	0.88

(a) Separations for which the care type was reported as *Acute*, or as *Newborn* with qualified patient days, or was *Not reported*. For further details see Chapter 11.

(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(c) Includes resident overseas, at sea, no fixed address.

.. not available.

n.a. not applicable.

Table 6.10: Separations, by care type and hospital sector, states and territories, 2001–02

Care type	Public hospitals									
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Acute care	1,201,460	1,042,457	659,938	342,957	347,906	76,474	60,065	61,547	3,792,804	
Rehabilitation care—not further specified	24,663	19,331	0	3,899	3,825	642	0	543	52,903	
Rehabilitation care—delivered in a designated unit	0	0	12,416	0	0	0	147	0	12,563	
Rehabilitation care—according to a designated program	0	0	3,425	0	0	0	180	0	3,605	
Rehabilitation care—principal clinical intent	0	0	1,836	0	0	0	233	0	2,069	
<i>Rehabilitation total</i>	24,663	19,331	17,677	3,899	3,825	642	560	543	71,140	
Palliative care	7,554	4,361	3,505	690	1,250	328	349	25	18,062	
Geriatric evaluation and management	1,088	10,177	372	31	22	13	21	0	11,724	
Psychogeriatric care	728	0	160	649	147	8	2	0	1,694	
Maintenance care	7,216	0	5,477	2,111	1,413	518	189	261	17,185	
Newborn—qualified days only	10,289	8,926	5,456	2,025	2,514	1,477	658	1,001	32,346	
Newborn—qualified and unqualified days	9,386	2,188	1,878	397	1,085	0	92	0	15,026	
Newborn—unqualified days only	46,943	34,929	28,328	13,896	10,036	2,117	2,408	2,316	140,973	
<i>Newborn total</i>	66,618	46,043	35,662	16,318	13,635	3,594	3,158	3,317	188,345	
Other admitted patient care	1,333	2,424	258	0	4,172	0	9	98	8,294	
Not reported	0	0	0	0	0	27	0	7	34	
Total	1,310,660	1,124,793	723,049	366,655	372,370	81,604	64,353	65,798	4,109,282	
	Private hospitals									
Acute care	655,758	566,539	570,981	259,218	195,012	37,801	26,752	..	2,312,061	
Rehabilitation care—not further specified	20,416	9,677	0	1,327	1,489	0	0	..	32,909	
Rehabilitation care—delivered in a designated unit	0	0	8,105	0	0	0	0	..	8,105	
Rehabilitation care—according to a designated program	0	0	614	0	0	0	0	..	614	
Rehabilitation care—principal clinical intent	0	0	7,224	0	0	0	0	..	7,224	
<i>Rehabilitation total</i>	20,416	9,677	15,943	1,327	1,489	0	0	..	48,852	
Palliative care	538	405	2,283	2,071	110	0	0	..	5,407	
Geriatric evaluation and management	2,457	0	4	0	362	0	7	..	2,830	
Psychogeriatric care	3	0	83	0	4	0	0	..	90	
Maintenance care	469	0	799	344	16	0	0	..	1,628	
Newborn—qualified days only	2,839	3,089	1,286	856	756	558	427	..	9,811	
Newborn—qualified and unqualified days	602	3	707	1,316	0	0	0	..	2,628	
Newborn—unqualified days only ^(a)	21,039	0	14,102	7,974	51	1,729	1,340	..	46,235	
<i>Newborn total</i>	24,480	3,092	16,095	10,146	807	2,287	1,767	..	58,674	
Other admitted patient care	9,460	123	988	0	21	0	0	..	10,592	
Not reported	0	0	0	0	0	32,290	0	..	32,290	
Total	713,581	579,836	607,176	273,106	197,821	72,378	28,526	..	2,472,424	

Note: Victoria does not use the care types Psychogeriatric care and Maintenance care, and the Victorian private sector does not report Newborns with unqualified days only.
.. not available.

Table 6.11: Average length of stay (days), by care type and hospital sector, states and territories, 2001–02

Care type	NSW						Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Acute care	Rehabilitation care— not further specified	Rehabilitation care— delivered in a designated unit	Rehabilitation care— according to a designated program	Rehabilitation care— principal clinical intent	Rehabilitation total								
Acute care	3.6	3.1	3.0	3.2	3.3	4.0								3.3
Rehabilitation care— not further specified	18.5	16.7	n.a.	27.1	30.3	25.2								19.3
Rehabilitation care— delivered in a designated unit	n.a.	n.a.	7.8	n.a.	n.a.	n.a.								8.0
Rehabilitation care— according to a designated program	n.a.	n.a.	2.2	n.a.	n.a.	n.a.								3.1
Rehabilitation care— principal clinical intent	n.a.	n.a.	13.6	n.a.	n.a.	n.a.								13.5
Rehabilitation total	18.5	16.7	7.3	27.1	30.3	25.2								16.3
Palliative care	11.5	16.1	8.8	11.9	12.5	12.1								12.3
Geriatric evaluation and management	16.0	29.1	14.8	5.1	10.2	24.5								27.4
Psychogeriatric care	142.0	n.a.	29.5	58.1	507.2	6.4								130.1
Maintenance care ^(a)	36.6	n.a.	67.7	39.4	106.1	37.3								52.2
Newborn—qualified days only	6.6	10.0	11.0	13.1	12.1	8.1								9.4
Newborn—qualified and unqualified days (qualified days)	5.5	2.9	2.5	4.8	2.6	n.a.								4.5
Newborn—qualified and unqualified days (unqualified days)	2.0	2.5	2.3	2.8	2.4	n.a.								2.1
Newborn—unqualified days only	2.9	3.0	2.5	3.2	3.0	3.4								2.9
Newborn total	4.1	4.5	3.9	4.6	4.8	5.3								4.3
Other admitted patient care	347.8	52.1	16.1	n.a.	5.5	n.a.								74.5
Not reported	n.a.	n.a.	n.a.	n.a.	n.a.	16.1								13.7
Total^(b)	4.6	3.8	3.7	3.9	4.3	4.6								4.1
Private hospitals														
Acute care	2.5	2.6	2.7	2.6	2.9	3.0								2.6
Rehabilitation care— not further specified	8.2	16.3	n.a.	23.2	15.3	n.a.								11.5
Rehabilitation care— delivered in a designated unit	n.a.	n.a.	5.9	n.a.	n.a.	n.a.								5.9
Rehabilitation care— according to a designated program	n.a.	n.a.	19.1	n.a.	n.a.	n.a.								19.1
Rehabilitation care— principal clinical intent	n.a.	n.a.	2.3	n.a.	n.a.	n.a.								2.3
Rehabilitation total	8.2	16.3	4.8	23.2	15.3	n.a.								9.3
Palliative care	14.2	12.3	11.0	11.1	14.6	n.a.								11.5
Geriatric evaluation and management	3.9	n.a.	11.0	n.a.	1.4	n.a.								3.6
Psychogeriatric care	2.3	n.a.	100.8	n.a.	152.3	n.a.								99.8
Maintenance care	9.8	n.a.	67.1	21.2	188.0	n.a.								42.1
Newborn—qualified days only	5.3	5.2	12.0	7.5	6.1	6.7								6.5
Newborn—qualified and unqualified days (qualified days)	12.3	7.3	3.8	2.6	n.a.	n.a.								5.1
Newborn—qualified and unqualified days (unqualified days)	4.2	4.7	3.9	4.4	n.a.	n.a.								4.2
Newborn—unqualified days only ^(c)	4.5	n.a.	4.5	4.8	3.8	3.9								4.6
Newborn total ^(c)	4.9	5.2	5.3	5.3	6.0	4.6								5.1
Other admitted patient care	6.3	110.1	27.9	n.a.	7.3	n.a.								9.5
Not reported	n.a.	n.a.	n.a.	n.a.	n.a.	3.2								3.2
Total^(b)	2.7	2.9	2.9	2.9	3.0	3.2								2.9

(a) The average length of stay for *Maintenance care* in the Northern Territory do not represent what is anecdotally understood to be very long lengths of stay for this care type. The Northern Territory are investigating data quality issues in relation to this care type.

(b) Excluding *Newborn episodes with unqualified days only*.

(c) Victorian and South Australian private hospitals did not report a large majority of *Newborns—unqualified days only*, therefore the average length of stay for Newborn separations for these states does not include those with unqualified days only.

.. not available.

n.a. not applicable.

Table 6.12: Separations, by mode of admission and hospital sector, states and territories, 2001–02

Mode of admission	NSW							NT	Total
	NSW	Vic	Qld	WA	SA	Tas	ACT		
	Public hospitals								
Admitted patient transferred from another hospital	64,652	40,618	22,424	20,618	14,602	2,600	1,499	548	167,561
Statistical admission: type change	16,449	11,663	10,028	2,841	7,767	1,090	737	530	51,105
Other ^(a)	1,182,616	1,037,582	662,269	329,300	336,037	69,068	59,709	62,277	3,738,858
Not reported	0	1	0	0	3,928	6,729	0	127	10,785
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
	Private hospitals								
Admitted patient transferred from another hospital	23,991	20,775	12,739	5,038	5,111	313	614	..	68,581
Statistical admission: type change	2,181	1,203	2,202	993	88	464	0	..	7,131
Other ^(a)	666,370	557,858	578,133	259,101	192,430	57,244	26,572	..	2,337,708
Not reported	0	0	0	0	141	12,628	0	..	12,769
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189
	All hospitals								
Admitted patient transferred from another hospital	88,643	61,393	35,163	25,656	19,713	2,913	2,113	548	236,142
Statistical admission: type change	18,630	12,866	12,230	3,834	7,855	1,554	737	530	58,236
Other ^(a)	1,848,986	1,595,440	1,240,402	588,401	528,467	126,312	86,281	62,277	6,076,566
Not reported	0	1	0	0	4,069	19,357	0	127	23,554
Total	1,956,259	1,669,700	1,287,795	617,891	560,104	150,136	89,131	63,482	6,394,498

(a) Other refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

.. not available.

Table 6.13: Separations, by mode of separation and hospital sector, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an(other) acute hospital	78,691	60,990	32,115	13,997	16,915	2,723	1,754	1,902	209,087
Discharge/transfer to residential aged care service ^(a)	15,154	10,522	4,994	1,608	6,457	860	551	177	40,323
Discharge/transfer to an(other) psychiatric hospital	2,657	0	207	1,145	1,375	0	9	9	5,402
Discharge/transfer to other health care accommodation ^(b)	3,194	305	1,709	1,003	942	1,223	146	1,407	9,929
Statistical discharge: type change	16,172	12,206	10,012	2,889	5,604	1,231	803	511	49,428
Left against medical advice/discharge at own risk	12,749	4,154	5,502	3,427	1,862	284	128	1,876	29,982
Statistical discharge from leave	2,169	8	558	1,622	64	57	0	0	4,478
Died	22,227	15,003	8,614	3,782	4,770	1,357	779	328	56,860
Other ^(c)	1,110,704	986,669	631,010	323,286	324,087	71,752	57,775	57,272	3,562,555
Not reported	0	7	0	0	258	0	0	0	265
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
Private hospitals									
Discharge/transfer to an(other) acute hospital	12,686	12,720	8,742	3,435	4,483	14	226	..	42,306
Discharge/transfer to residential aged care service ^(a)	1,237	2,051	1,813	341	1,789	40	41	..	7,312
Discharge/transfer to an(other) psychiatric hospital	121	0	0	177	123	0	0	..	421
Discharge/transfer to other health care accommodation ^(b)	510	2	862	179	59	0	28	..	1,640
Statistical discharge: type change	2,146	1,282	2,225	1,094	62	0	0	..	6,809
Left against medical advice/discharge at own risk	1,190	427	288	270	57	168	2	..	2,402
Statistical discharge from leave	46	0	31	18	0	5	0	..	100
Died	2,630	3,264	4,268	1,994	1,397	139	106	..	13,798
Other ^(c)	671,976	560,090	574,845	257,624	189,661	70,283	26,783	..	2,351,262
Not reported	0	0	0	0	139	0	0	..	139
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

(a) Unless this is the usual place of residence.

(b) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(c) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).
.. not available.

Table 6.14: Separations for patients over 70 years, by care type and mode of separation, all hospitals, Australia, 2001-02

Care type	Discharge/ transfer to a hospital	Discharge/ transfer to a residential aged care service ^(a)	Discharge/ transfer to a psychiatric hospital	Discharge/ transfer to other health care accommodation ^(b)	Left against medical advice/ discharge from leave	Statistical discharge type change	Statistical discharge from leave	Died	Other ^(c)	Not reported	Total
Acute care	99,762	30,450	524	3,754	2,634	31,679	249	39,839	1,348,422	68	1,557,381
Rehabilitation care—not further specified	3,915	2,727	20	617	142	3,528	269	531	41,216	1	52,966
Rehabilitation care—delivered in a designated unit	141	262	0	28	9	794	0	50	6,926	0	8,210
Rehabilitation care—acc. to a designated program	58	48	0	2	1	103	0	2	1,820	0	2,034
Rehabilitation care—principal clinical intent	168	124	0	14	1	411	0	35	1,588	0	2,341
<i>Rehabilitation total</i>	4,282	3,161	20	661	153	4,836	269	618	51,550	1	65,551
Palliative care—not further specified	449	348	2	56	12	191	71	6,156	3,044	0	10,329
Palliative care—delivered in a designated unit	29	48	0	19	2	91	0	826	850	0	1,865
Palliative care—acc. to a designated program	15	15	0	0	0	35	0	124	119	0	308
Palliative care—principal clinical intent	45	35	0	2	0	29	1	499	224	0	835
<i>Palliative care total</i>	538	446	2	77	14	346	72	7,605	4,237	0	13,337
Geriatric evaluation and management	997	2,302	0	25	52	1,392	6	594	5,469	0	10,837
Psychogeriatric care	127	199	18	66	5	175	100	47	648	0	1,385
Maintenance care	1,187	4,658	18	320	20	1,381	35	1,185	5,071	0	13,875
Other admitted patient care	236	1,195	3	11	12	236	1	245	2,438	1	4,378
Organ procurement - posthumous	6	3	0	0	108	0	2	5	9,778	0	9,902
Not reported	6	3	0	0	108	0	2	5	9,778	0	9,902
Total	107,141	42,417	585	4,914	3,106	40,045	736	50,143	1,437,391	70	1,686,548

(a) Unless this is the usual place of residence.

(b) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(c) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

Note: acc.= according.

Table 6.15: Separations by inter-hospital contracted patient status and hospital sector, states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Inter-hospital contracted patient status									
Public hospitals									
Inter-hospital contracted patient from public sector	0	1,823	144	594	516	0	0	20	3,097
Inter-hospital contracted patient from private sector	0	573	1	0	0	0	0	539	1,113
Inter-hospital contracted patient from unspecified sector	2,854	0	0	0	0	0	0	0	2,854
Not inter-hospital contracted patient	1,260,859	1,087,468	694,576	352,165	357,890	79,435	61,945	62,923	3,957,261
Not reported	4	0	0	0	3,928	52	0	0	3,984
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
Private hospitals									
Inter-hospital contracted patient from public sector	0	3,923	2,370	7,502	171	0	0	..	13,966
Inter-hospital contracted patient from private sector	0	0	3,366	0	0	0	0	..	3,366
Inter-hospital contracted patient from unspecified sector	23,686	0	0	0	0	0	0	..	23,686
Not inter-hospital contracted patient	668,856	575,913	587,338	257,630	197,458	70,649	23,269	..	2,381,113
Not reported	0	0	0	0	141	0	3,917	..	4,058
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189
All hospitals									
Inter-hospital contracted patient from public sector	0	5,746	2,514	8,096	687	0	0	20	17,063
Inter-hospital contracted patient from private sector	0	573	3,367	0	0	0	0	539	4,479
Inter-hospital contracted patient from unspecified sector	26,540	0	0	0	0	0	0	0	26,540
Not inter-hospital contracted patient	1,929,715	1,663,381	1,281,914	609,795	555,348	150,084	85,214	62,923	6,338,374
Not reported	4	0	0	0	4,069	52	3,917	0	8,042
Total separations	1,956,259	1,669,700	1,287,795	617,891	560,104	150,136	89,131	63,482	6,394,498

Note: For private hospitals, Tasmania was unable to identify a small number of contracted care patients.

.. not available.

Table 6.16: Separations, by urgency of admission and hospital sector, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Urgency of admission									
Public hospitals									
Emergency	608,650	373,632	311,158	153,271	154,426	33,523	19,704	22,284	1,676,648
Elective	506,226	635,750	224,509	125,925	207,908	30,037	20,574	20,053	1,770,982
Not assigned	148,841	80,089	159,054	73,563	0	0	21,667	20,124	503,338
Not reported	0	393	0	0	0	15,927	0	1,021	17,341
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
Private hospitals									
Emergency	39,756	30,318	69,320	27,278	27,612	0	7,713	..	201,997
Elective	617,113	533,253	504,113	198,930	170,158	42,993	18,489	..	2,085,049
Not assigned	35,673	16,265	19,641	38,924	0	0	982	..	111,485
Not reported	0	0	0	0	0	27,656	2	..	27,658
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189
All hospitals									
Emergency	648,406	403,950	380,478	180,549	182,038	33,523	27,417	22,284	1,878,645
Elective	1,123,339	1,169,003	728,622	324,855	378,066	73,030	39,063	20,053	3,856,031
Not assigned	184,514	96,354	178,695	112,487	0	0	22,649	20,124	614,823
Not reported	0	393	0	0	0	43,583	2	1,021	44,999
Total separations	1,956,259	1,669,700	1,287,795	617,891	560,104	150,136	89,131	63,482	6,394,498

Note: South Australia did not use the *Not assigned* category, which would be expected to be applied to statistical admissions, scheduled readmissions for treatment, admissions for normal deliveries or admissions that include the birth of the patient.
 .. not available.

Table 6.17: Separations with hospital in the home care, by hospital sector, states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Separations	..	2,139	274	..	1,058	..	0	1	3,472
same day	..	22,065	414	..	3,114	..	745	219	26,557
overnight	..	181,184	5,121	..	22,925	..	6,279	1,868	217,377
Hospital in the home days	..	262,926	6,764	..	22,925	..	10,142	3,172	305,929
Total patient days	..	263,004	6,764	..	23,079	..	10,142	3,172	306,161
Private hospitals									
Separations	..	78	..	..	9	..	..	..	87
same day	..	0	..	..	12	..	..	..	12
overnight	..	78	..	..	154	..	..	..	232
Hospital in the home days	..	78	..	..	154	..	..	..	232
Total patient days	..	78	..	..	154	..	..	..	232
All hospitals									
Separations	..	2,217	274	..	1,067	..	0	1	3,559
same day	..	22,065	414	..	3,126	..	745	219	26,569
overnight	..	181,262	5,121	..	23,079	..	6,279	1,868	217,609
Hospital in the home days	..	263,004	6,764	..	23,079	..	10,142	3,172	306,161

Note: New South Wales, Western Australia and Tasmania did not report hospital in the home care for 2001-02. In South Australia hospital in the home care was defined as a separate episode of care and therefore the total number of patient days is equal to t

.. not available.

Separations

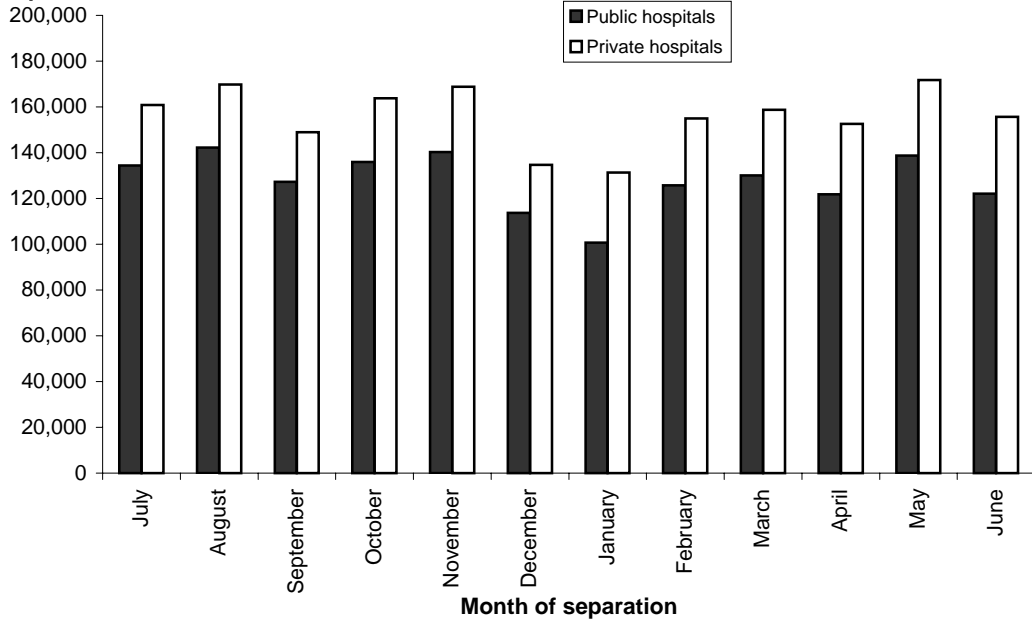


Figure 6.1 Elective separations, by month of admission and sector, selected states and territories, 2001-02

Separations

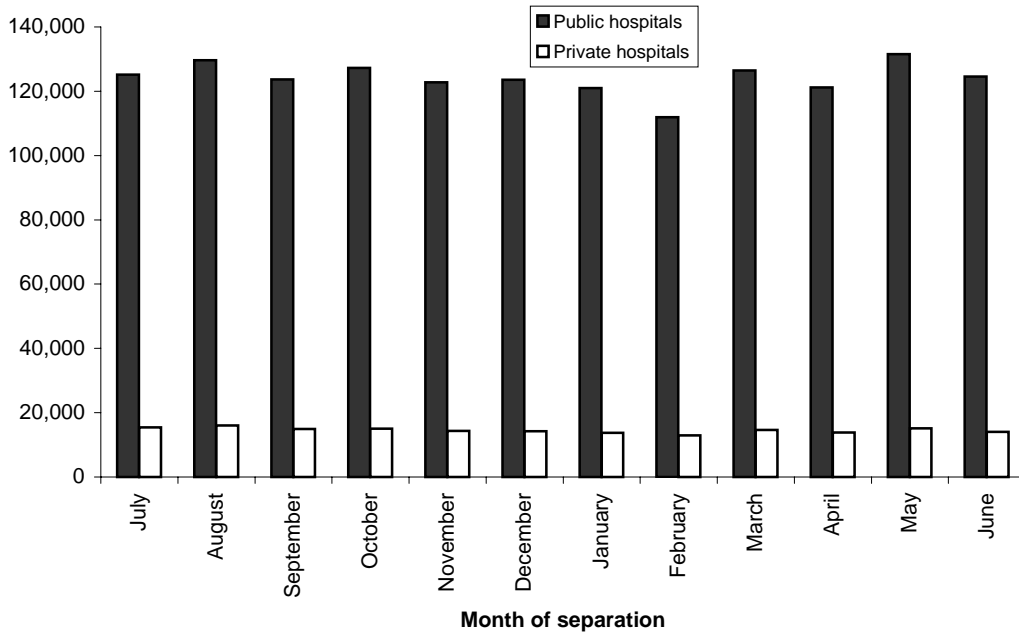


Figure 6.2 Emergency separations, by month of separation and sector, selected states and territories, 2001-02

7 Demographic profile for admitted patients

Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 2001–02. Included is information on sex, age, Indigenous status, country of birth and area of usual residence.

The age-standardised rates in this chapter were derived using 30 June 2001 population estimates for Indigenous peoples and other Australians (Table 7.7 and 7.8), country of birth groups (Table 7.10) and Remoteness Areas (Table 7.12), because 31 December (mid-year) population estimates were not available for these population groups. Thus, there will be small discrepancies between the age-standardised rates reported in these tables and the standardised rates reported for state or territory of usual residence (Table 7.11) and Statistical Division of usual residence (Figures 7.8 and 7.9), and in Chapters 2, 4 and 6, which were based on 31 December 2001 estimates (see Appendix 3). The age-specific rates presented in Figures 7.1 to 7.4 were also based on 31 December 2001 estimates.

Sex

Data on the sex of each patient were reported to the National Hospital Morbidity Database as male, female, indeterminate or not stated/inadequately described. The 158 separations for patients who were not reported as male or female are included in totals for persons in the tables in this chapter.

There were more separations for females than for males in all age groups from 15 to 54 years (which include child-bearing ages for women) and there were more separations for males in the age groups from 55 to 74 years (Table 7.1). Females accounted for higher proportions of separations than males, 52.3% of total separations in public hospitals (2,075,045) (Table 7.2) and 55.4% in private hospitals (1,345,189) (Table 7.3). Separations per 1,000 population were higher for females than for males in age groups from 15 to 44 years in public hospitals and from 15 to 59 years in private hospitals (Figures 7.1 and 7.2). Females also accounted for more patient days (12,584,666) than males (10,638,586) (Table 7.4). In public hospitals, they accounted for 52.4% (8,530,797) of patient days, and for more patient days than males in the age groups 15 to 44 years and 75 years and over (Table 7.5). In private hospitals, females accounted for 58.3% (4,053,869) of patient days, and for more patient days than males in the 15 years and over age groups (Table 7.6). Patient days per 1,000 population were higher for females than for males in age groups from 15 to 39 years in public hospitals and from 10 to 64 years and 70 to 74 years in private hospitals (Figures 7.3 and 7.4).

Age group

All states and territories except Western Australia 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. Western Australia supplied the age in years or days for each patient. The 76 separations for which the age of the patient was not reported are included in the totals in tables including age group.

In public hospitals, separations peaked in two age groups. The first was in the 65 to 74 years age group, which was mostly attributable to male patients, and the second was in the 25 to 34 years age group, which was attributable to female patients (Table 7.2). The number of separations per 1,000 population was highest for both male and female patients in the 85 years and over age group (Figure 7.1). The highest number of patient days for both sexes was reported in the 75 to 84 years age group (Table 7.5). Average length of stay was highest for patients aged 85 years and over (Figure 7.5).

In private hospitals, separations peaked in the 55 to 64 years age group for male patients and in the 45 to 54 years age group for female patients (Table 7.3). Patients in the 75 to 84 years age group accounted for the most patient days (Table 7.6), and had the highest number of separations per 1,000 population (Figure 7.2). As for public hospitals, the average length of stay was longest for patients aged 85 years and over (Figure 7.6).

In both sectors combined, the population group 65 years and over accounted for a high proportion of admitted patient activity. This population (2,460,304), which comprised 12.6% of the total Australian population, accounted for 2.1 million separations (33.4%) and 10.9 million patient days (47.0%). There were 867.6 separations per 1,000 population for this age group, compared with a crude rate of 327.2 per 1,000 for the total population. The average length of stay for these patients was 5.1 days, compared with 3.6 days for all patients.

Indigenous status

The data on Indigenous status were supplied by data providers according to the *National Health Data Dictionary* (NHDD) definitions.

Indigenous status categories included as Indigenous were *Aboriginal but not Torres Strait Islander origin*, *Torres Strait Islander but not Aboriginal origin* and *Aboriginal and Torres Strait Islander origin*. The Indigenous status category included as non-Indigenous was *Neither Aboriginal nor Torres Strait Islander origin*. In this publication, except where the *Not reported* category has been presented separately, separation records where Indigenous status was *Not reported* have been regarded as being for non-Indigenous persons.

Table 7.7 and Table 7.8 present Indigenous status data by hospital sector and state and territory. For Indigenous persons, the age-standardised rates were calculated using the Australian Bureau of Statistics census-based estimated resident population of the Indigenous population for June 2001 (Appendix Table A3.2). Differentials in the separation rates between persons identified as Indigenous and the separation rates for non-Indigenous persons are expressed in terms of rate ratios. The age-standardised rate for persons identified as Indigenous is divided by the age-standardised rate for persons not identified as Indigenous. A ratio of 1.0 indicates there is no difference between the rates of the two population groups, while a ratio greater than 1.0 indicates an excess of separations for Indigenous persons in comparison to non-Indigenous persons.

There were 191,071 separations for patients reported as Indigenous, with Queensland, the Northern Territory, Western Australia and New South Wales reporting the greatest proportions of the separations for Indigenous persons (Table 7.7). Overall, on an age-standardised basis, there were 578.1 separations for Indigenous persons reported per 1,000 Indigenous population for Australia, compared to the rate for the non-Indigenous population of 322.2 per 1,000, indicating that Indigenous persons experienced a separation rate almost twice the rate for non-Indigenous persons.

The Northern Territory reported the highest number of separations for Indigenous persons per 1,000 Indigenous population (998.7 per 1,000), followed by Western Australia (763.7 per 1,000). The rate ratio indicates that the separation rate for Indigenous persons in the Northern Territory was over four times the rate for non-Indigenous persons.

These rates are influenced by the quality of the data on Indigenous status, which varied among the states and territories, as described below. They can also be influenced by variation among the jurisdictions in the health status of Indigenous persons and in their access to hospital services.

Almost 50% of separations for patients reported as Indigenous were for overnight stays (95,013), compared with 47% for all patients (3,053,160) (Table 7.8). The overnight separation rate for Indigenous persons was almost twice the rate for non-Indigenous persons.

Western Australia reported the highest number of overnight separations for Indigenous persons per 1,000 Indigenous population (416.4 per 1,000), followed by the Northern Territory (400.1 per 1,000). The rate ratio for Western Australia suggests that the overnight separation rate for Indigenous persons was almost three times the rate for non-Indigenous persons in that state.

Table 7.9 and Figure 7.7 present data for separations and separation rates per 1,000 population by Indigenous status and age group and sex. Indigenous females accounted for a higher proportion of separations than males, 57.2% of total Indigenous separations (109,439), and this proportion was higher than the proportion of separations for females overall (53.5%) (Table 7.9). Indigenous separations peaked in the 45 to 54 years age group for male patients (16,382), in the 25 to 34 years age group for female patients (19,209) and in the 35 to 44 age group overall (34,179).

The separation rates for both Indigenous males and females were higher than those for non-Indigenous persons in all age groups, and markedly so for persons aged over 34 years (Figure 7.7). Separation rates for Indigenous persons for older age groups are subject to variability due to the relatively small populations in these age groups.

Quality of Indigenous status data

The variation in the number of Indigenous separations per 1,000 Indigenous population among the states and territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

The quality of the data provided for Indigenous status in 2001–02 has continued to improve due to the use of the *National Health Data Dictionary* definitions by all jurisdictions, however it is still in need of improvement, being considered acceptable for only South Australia, Western Australia and the Northern Territory. Data on Indigenous status in this chapter should therefore be interpreted cautiously.

For 2001–02, the New South Wales Health Department reports that its data were in need of improvement. To address this issue, the department continues to be active in the

implementation of initiatives aimed at improving the quality of Indigenous origin information in hospital separations data. Departmental publications and circulars continue to be used to encourage a uniform approach to the identification of Indigenous patients in addition to providing a framework for continuous improvement in this data collection. To complement these strategies the New South Wales Health Department has developed and implemented its Collecting Patient Registration Information Training Program. This raises awareness of data items, including Indigenous status, that may relate to sensitive issues and reviews strategies that may assist in the collection of complete and accurate patient registration information. Hospital separations will be closely monitored to assess the impact of the training and feedback will be provided to each Area Health Service.

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Indigenous status data for 2001–02 should be treated with some caution. Studies in Victoria have shown that data are more accurate if the hospital employs a Koori Hospital Liaison Officer (KHLO), particularly in regional hospitals, where the KHLOs are located in the main Koori communities. Indigenous status data are considered less reliable in some tertiary hospitals drawing Indigenous patients from outside their local communities, and in private hospitals. Victoria is currently undertaking an Aboriginal and Torres Strait Islander Hospital Services Accreditation Project ultimately intended to lead to improved patient identification and the provision of more culturally appropriate services.

For 2001–02 data, Queensland Health reports that it is not known whether the 11% of records for which Indigenous status was not recorded (1.7% of public hospital separations and 22% of private hospital separations) reflect similar proportions of Indigenous/non-Indigenous separations as the records for which Indigenous status was reported. In general, the available evidence suggests that the number of Indigenous separations is still significantly understated, and that this under-counting occurs through mis-reporting as well as non-reporting. Queensland Health continues to work on improving overall Indigenous identification in all mainstream administrative data collections.

The Western Australian Department of Health regards its 2001–02 Indigenous status data as being of satisfactory quality. Data is collected in Western Australian hospitals according to national data domain standards and using the recommended approach.

The South Australian Department of Human Services regards its 2001–02 Indigenous status data as suitable for inclusion in national statistical reports. The department conducts training courses in data collection every year and the courses in 2001–02 included training on how to ask and record the Indigenous status question, based on a training package produced by the Australian Bureau of Statistics. A 30% loading for casemix payments is applied to Indigenous separations in South Australia, and this acts as an incentive for improved identification.

The Tasmanian Department of Health and Human Services reports that the quality of Indigenous status data has continued to improve in 2001–02 in that it is now reported for most patients. However, there are still 7% of separations in public hospitals and 63% of separations in private hospitals where Indigenous status is not reported.

The Australian Capital Territory Department of Health & Community Care considers that its 2001–02 Indigenous status data continued to improve over previous years.

The Northern Territory's Department of Health and Community Services reports that the quality of its 2001–02 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one

occasion and as Torres Strait Islander on another. System owners follow up on these clients. All management and statistical reporting, however, is based on a person's currently reported Indigenous status.

Country of birth

New South Wales, South Australia, the Australian Capital Territory, the Northern Territory and Queensland supplied country of birth details coded to the Australian Bureau of Statistics' Standard Australian Classification of Countries (SACC) as specified in the *National Health Data Dictionary* version 10 (NHDC 2001). The remaining three jurisdictions provided data for country of birth according to the Australian Bureau of Statistics' Australian Standard Classification of Countries for Social Statistics (ASCCSS). The Institute mapped the data provided by Victoria, Western Australia and Tasmania from ASCCSS to SACC.

Australian-born patients accounted for 74.5% (4,762,243) of total separations, 73.5% in the public sector and 76.0% in the private sector (Table 7.10). There was some variation in the proportions of separations in the public and private sectors by country of birth. For Australian-born persons, 61.3% were in the public sector, as were 78.4% for persons born in Greece, 49.8% of persons born in South Africa and 80.4% of persons born in Vietnam. The age-standardised separation rate for Australian-born patients was higher (339.5 per 1,000) than that for the overseas-born population (269.3 per 1,000).

Area of usual residence

The *National Health Data Dictionary* specifies that data on the usual residence of patients should be provided as the state or territory and the Statistical Local Area (SLA) of usual residence. SLAs can be aggregated to Statistical Divisions and assigned to Remoteness Areas for reporting. Although most separations included data on the state or territory of usual residence, not all states and territories were able to provide information on the area of usual residence in the form of an SLA code, using the 2001 edition of the Australian Standard Geographical Classification (ASGC) as requested by the Institute. Details of the data provided by states and territories and the mapping process conducted by the Institute to assign 2001 SLA codes and Remoteness Area categories to separation records can be found in Appendix 3.

Tables 7.11 and 7.12 present selected separation statistics by hospital sector, same day status and state or territory or Remoteness Area of usual residence. Figures 7.8 and 7.9 present, as maps, separations per 1,000 population by Statistical Division of usual residence for both public and private hospitals. The age-standardised separation rates that are presented in these tables and figures take account of the different age populations of the states and territories, Remoteness Areas and Statistical Divisions.

State or territory of usual residence

Table 7.11 presents the number of separations, the separation rate per 1,000, the standardised separation rate ratio (SRR) and the 95% confidence interval of the SRR for each state and territory. The SRR is the separation rate for the population of interest divided by the separation rate for Australia. A standardised separation ratio of 1 indicates that the population of interest (for example, specific state or territory) had a separation rate similar to

that of the comparison group, while a standardised separation ratio greater than 1 indicates that there is a greater number of separations for the state or territory in comparison to the national rate. The significance of standardised separation ratio is given by the 95% confidence interval. See Appendix 3 for more information on the standardised separation ratio.

The Northern Territory had the highest separation rate, which was 395.1 separations per 1,000 population. The SRR for patients usually resident in the Northern Territory was 1.22, indicating that patients usually resident in the Northern Territory had a total separation rate that was 22% higher than the rate for patients nationally. From the confidence interval it can be seen that the rate for the Northern Territory was significantly greater than the national rate.

The Northern Territory also had the highest same day separation rate (225.6 per 1,000 population) and South Australia had the highest overnight separation rate (172.0 per 1,000). The separation rate for public hospitals was highest for the Northern Territory (384.8 separations per 1,000), whereas the separation rate for private hospitals was highest for Queensland (159.3 per 1,000) and lowest for the Northern Territory (10.3 separations per 1,000).

Remoteness Areas

Table 7.12 presents the number of separations, the separation rate per 1,000, the standardised separation ratio (SRR) and the 95% confidence interval of the SRR for each Remoteness Area. For patients usually resident in very remote areas there were 254.5 separations per 1,000 population, compared to the national separation rate of 184.1 per 1,000 population. The SRR of 1.38 shows that patients resident in very remote areas had a total separation rate that was 38% higher than patients nationally and the 95% confidence interval indicates that there was a significant difference between the rates.

The highest same day separation rate was observed in major cities (100.9 per 1,000 population) and the highest overnight separation rate in very remote areas (156.1 per 1,000 population). The separation rate for public hospitals was highest in very remote areas (231.7 per 1,000 population), while the separation rate for private hospitals tended to be highest in major cities (76.0 per 1,000 population) and lowest in very remote areas (22.8 per 1,000 population).

Statistical Divisions

Separation rates per 1,000 population varied by Statistical Division of the usual residence of the patient for both public and private hospitals (Figures 7.8 and 7.9). In the public sector, the highest rates were reported for residents of the Statistical Divisions of Kimberley in Western Australia and Northern in South Australia. In the private sector, the highest rates were reported for Moreton and Darling Downs in Queensland and Greater Hobart in Tasmania.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/> provide information on the number of separations and patient days by 5-year age group, sex and state and territory for all hospitals, public hospitals and private hospitals.

Table 7.1: Separations, by age group and sex, all hospitals, states and territories, 2001-02

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(a)	Total
Females	Under 1	21,159	15,277	10,031	5,590	4,439	1,453	864	1,242	60,055
	1-4	24,991	15,241	15,761	7,613	6,203	1,329	949	1,285	73,372
	5-14	31,810	22,365	19,495	10,683	8,643	2,098	1,282	1,116	97,492
	15-24	90,277	72,641	61,421	30,324	26,093	7,289	3,711	4,591	296,347
	25-34	164,521	140,882	104,443	51,452	42,086	11,947	7,520	5,753	528,604
	35-44	129,168	119,277	88,515	44,980	37,029	10,303	6,314	5,699	441,285
	45-54	118,331	114,954	92,528	46,308	38,521	11,089	6,802	6,807	435,340
	55-64	122,837	106,789	90,143	41,522	36,738	10,363	6,179	4,952	419,523
	65-74	140,743	123,833	92,548	40,866	41,487	10,488	6,125	2,325	458,415
	75-84	144,560	116,493	80,309	35,916	42,437	11,252	4,624	805	436,396
85 and over	58,557	48,475	28,863	15,288	16,551	4,037	1,466	141	173,378	
	Total^(b)	1,046,981	896,227	684,057	330,542	300,227	81,648	45,836	34,716	3,420,234
Males	Under 1	28,758	20,909	13,541	7,645	6,341	1,977	1,213	1,591	81,975
	1-4	35,488	22,473	21,364	11,144	9,612	1,950	1,392	1,601	105,024
	5-14	46,056	30,008	27,540	13,647	10,913	2,716	1,853	1,512	134,245
	15-24	55,681	44,913	38,208	18,951	15,721	4,057	2,451	1,935	181,917
	25-34	69,217	59,788	48,819	25,042	20,659	5,364	3,888	3,600	236,377
	35-44	92,242	78,306	61,493	32,435	26,578	6,606	4,162	4,342	306,164
	45-54	113,976	100,039	84,425	40,454	36,065	9,296	6,579	6,300	397,134
	55-64	136,201	120,093	101,356	44,648	39,097	11,033	8,431	4,079	464,938
	65-74	158,651	150,291	102,053	48,816	44,116	12,612	7,581	2,792	526,912
	75-84	140,248	118,472	85,708	35,049	40,836	10,359	4,825	811	436,308
85 and over	32,686	28,153	19,231	9,518	9,939	2,493	920	125	103,065	
	Total^(b)	909,251	773,445	603,738	287,349	259,877	68,463	43,295	28,688	2,974,106
Persons ^(b)	Under 1	49,918	36,214	23,572	13,235	10,780	3,431	2,077	2,840	142,067
	1-4	60,482	37,714	37,125	18,757	15,815	3,280	2,341	2,888	178,402
	5-14	77,868	52,373	47,035	24,330	19,556	4,815	3,135	2,630	231,742
	15-24	145,961	117,554	99,629	49,275	41,814	11,349	6,162	6,536	478,280
	25-34	233,739	200,670	153,262	76,494	62,745	17,313	11,408	9,356	764,987
	35-44	221,410	197,583	150,008	77,415	63,607	16,911	10,476	10,092	747,502
	45-54	232,307	214,993	176,953	86,762	74,586	20,391	13,381	13,109	832,482
	55-64	259,051	226,882	191,499	86,170	75,835	21,396	14,610	9,032	884,475
	65-74	299,394	274,124	194,601	89,682	85,603	23,101	13,706	5,117	985,328
	75-84	284,809	234,965	166,017	70,965	83,273	21,618	9,449	1,616	872,712
85 and over	91,244	76,628	48,094	24,806	26,490	6,531	2,386	266	276,445	
	Total separations	1,956,259	1,669,700	1,287,795	617,891	560,104	150,136	89,131	63,482	6,394,498

(a) Only public hospitals in the Northern Territory.

(b) Includes separations for which sex and/or age group were not reported.

Table 7.2: Separations, by age group and sex, public hospitals, states and territories, 2001-02

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	18,902	13,188	8,197	3,576	3,995	1,075	661	1,242	50,836
	1-4	21,178	13,092	12,477	5,464	5,089	1,046	798	1,285	60,429
	5-14	24,514	17,070	13,898	7,157	6,671	1,302	1,004	1,116	72,732
	15-24	63,824	50,387	42,289	18,622	20,150	4,374	2,758	4,591	206,995
	25-34	107,773	93,245	60,527	29,457	30,382	6,174	4,880	5,753	338,191
	35-44	72,038	68,656	43,072	23,172	22,701	4,623	3,640	5,699	243,601
	45-54	59,902	61,654	40,660	22,196	19,691	4,848	3,820	6,807	219,578
	55-64	68,327	62,084	41,870	21,346	19,605	5,101	3,936	4,952	227,221
	65-74	90,508	79,441	45,262	22,918	26,136	5,437	4,572	2,325	276,599
	75-84	95,369	73,181	37,140	21,517	24,998	5,184	3,196	805	261,390
85 and over	44,772	33,334	15,712	10,244	10,017	2,125	1,101	141	117,446	
	Total^(a)	667,134	565,332	361,104	185,669	189,435	41,289	30,366	34,716	2,075,045
Males	Under 1	25,078	17,897	10,777	4,756	5,697	1,416	913	1,591	68,125
	1-4	29,791	19,246	16,547	7,963	7,987	1,421	1,121	1,601	85,677
	5-14	36,789	23,935	20,720	9,603	8,640	1,712	1,446	1,512	104,357
	15-24	38,619	30,263	25,982	11,131	10,422	2,565	1,660	1,935	122,577
	25-34	48,001	42,984	32,701	16,140	14,889	3,514	3,181	3,600	165,010
	35-44	58,379	51,519	36,341	18,812	17,080	3,566	3,095	4,342	193,134
	45-54	65,204	62,565	41,501	21,760	21,725	4,850	4,675	6,300	228,580
	55-64	77,945	77,276	50,706	22,668	23,695	5,741	6,220	4,079	268,330
	65-74	105,051	106,300	53,982	29,546	29,010	7,406	5,588	2,792	339,675
	75-84	88,178	73,652	34,990	18,888	26,936	4,778	3,061	811	251,294
85 and over	23,475	18,886	9,370	5,823	6,818	1,226	619	125	66,342	
	Total^(a)	596,557	524,523	333,617	167,090	172,899	38,195	31,579	28,688	1,893,148
Persons ^(a)	Under 1	43,981	31,094	18,974	8,332	9,692	2,492	1,574	2,840	118,979
	1-4	50,972	32,338	29,024	13,427	13,076	2,468	1,919	2,888	146,112
	5-14	61,305	41,005	34,618	16,760	15,311	3,014	2,450	2,630	177,093
	15-24	102,446	80,650	68,271	29,753	30,572	6,939	4,418	6,536	329,585
	25-34	155,775	136,229	93,228	45,597	45,271	9,688	8,061	9,356	503,205
	35-44	130,417	120,175	79,413	41,984	39,781	8,190	6,735	10,092	436,787
	45-54	125,106	124,219	82,161	43,956	41,416	9,698	8,495	13,109	448,160
	55-64	146,285	139,360	92,576	44,014	43,300	10,842	10,156	9,032	495,565
	65-74	195,559	185,741	99,244	52,464	55,146	12,843	10,160	5,117	616,274
	75-84	183,547	146,833	72,130	40,405	51,934	9,962	6,257	1,616	512,684
85 and over	68,248	52,220	25,082	16,067	16,835	3,351	1,720	266	183,789	
	Total separations	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309

(a) Includes separations for which sex and/or age group were not reported

Table 7.3: Separations, by age group and sex, private hospitals, states and territories, 2001–02

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	2,257	2,089	1,834	2,014	444	378	203	..	9,219
	1–4	3,813	2,149	3,284	2,149	1,114	283	151	..	12,943
	5–14	7,296	5,295	5,597	3,526	1,972	796	278	..	24,760
	15–24	26,453	22,254	19,132	11,702	5,943	2,915	953	..	89,352
	25–34	56,748	47,637	43,916	21,995	11,704	5,773	2,640	..	190,413
	35–44	57,130	50,621	45,443	21,808	14,328	5,680	2,674	..	197,684
	45–54	58,429	53,300	51,868	24,112	18,830	6,241	2,982	..	215,762
	55–64	54,510	44,705	48,273	20,176	17,133	5,262	2,243	..	192,302
	65–74	50,235	44,392	47,286	17,948	15,351	5,051	1,553	..	181,816
	75–84	49,191	43,312	43,169	14,399	17,439	6,068	1,428	..	175,006
85 and over	13,785	15,141	13,151	5,044	6,534	1,912	365	..	55,932	
	Total^(a)	379,847	330,895	322,953	144,873	110,792	40,359	15,470	..	1,345,189
Males	Under 1	3,680	3,012	2,764	2,889	644	561	300	..	13,850
	1–4	5,697	3,227	4,817	3,181	1,625	529	271	..	19,347
	5–14	9,267	6,073	6,820	4,044	2,273	1,004	407	..	29,888
	15–24	17,062	14,650	12,226	7,820	5,299	1,492	791	..	59,340
	25–34	21,216	16,804	16,118	8,902	5,770	1,850	707	..	71,367
	35–44	33,863	26,787	25,152	13,623	9,498	3,040	1,067	..	113,030
	45–54	48,772	37,474	42,924	18,694	14,340	4,446	1,904	..	168,554
	55–64	58,256	42,817	50,650	21,980	15,402	5,292	2,211	..	196,608
	65–74	53,600	43,991	48,071	19,270	15,106	5,206	1,993	..	187,237
	75–84	52,070	44,820	50,718	16,161	13,900	5,581	1,764	..	185,014
85 and over	9,211	9,267	9,861	3,695	3,121	1,267	301	..	36,723	
	Total^(a)	312,694	248,922	270,121	120,259	86,978	30,268	11,716	..	1,080,958
Persons ^(a)	Under 1	5,937	5,120	4,598	4,903	1,088	939	503	..	23,088
	1–4	9,510	5,376	8,101	5,330	2,739	812	422	..	32,290
	5–14	16,563	11,368	12,417	7,570	4,245	1,801	685	..	54,649
	15–24	43,515	36,904	31,358	19,522	11,242	4,410	1,744	..	148,695
	25–34	77,964	64,441	60,034	30,897	17,474	7,625	3,347	..	261,782
	35–44	90,993	77,408	70,595	35,431	23,826	8,721	3,741	..	310,715
	45–54	107,201	90,774	94,792	42,806	33,170	10,693	4,886	..	384,322
	55–64	112,766	87,522	98,923	42,156	32,535	10,554	4,454	..	388,910
	65–74	103,835	88,383	95,357	37,218	30,457	10,258	3,546	..	369,054
	75–84	101,262	88,132	93,887	30,560	31,339	11,656	3,192	..	360,028
85 and over	22,996	24,408	23,012	8,739	9,655	3,180	666	..	92,656	
	Total separations	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

(a) Includes separations for which sex and/or age group were not reported
 .. not available.

Table 7.4: Patient days, by age group and sex, all hospitals, states and territories, 2001–02

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(a)	Total
Females	Under 1	113,182	79,237	58,351	29,566	26,501	9,531	7,718	9,341	333,427
	1–4	48,017	26,733	26,678	14,250	10,009	2,180	1,716	5,970	135,553
	5–14	69,545	42,962	37,595	21,005	16,309	4,376	2,598	4,139	198,529
	15–24	250,495	170,566	160,099	78,582	65,812	19,853	10,835	14,489	770,731
	25–34	574,999	367,400	290,488	157,166	120,464	35,142	24,589	18,448	1,588,696
	35–44	402,215	297,643	219,372	124,273	99,710	28,042	18,937	15,494	1,205,686
	45–54	341,662	281,042	228,531	118,669	101,494	31,015	18,739	14,807	1,135,959
	55–64	412,933	293,262	236,752	112,744	113,646	34,794	18,530	10,630	1,233,291
	65–74	562,899	455,442	318,533	150,287	157,606	50,024	21,535	7,069	1,723,395
	75–84	861,250	708,176	445,034	220,285	278,072	70,120	27,263	3,652	2,613,852
85 and over	526,014	474,013	267,089	158,576	167,904	37,628	12,845	1,437	1,645,506	
	Total^(b)	4,163,252	3,196,476	2,288,522	1,185,403	1,157,527	322,705	165,305	105,476	12,584,666
Males	Under 1	138,754	97,873	72,252	33,841	32,903	10,943	8,176	11,955	406,697
	1–4	61,949	39,668	35,048	19,469	15,387	2,933	2,585	6,682	183,721
	5–14	88,336	52,550	49,428	26,748	19,164	4,881	3,521	4,992	249,620
	15–24	226,321	125,270	124,144	56,289	50,706	10,740	7,861	7,003	608,334
	25–34	359,305	164,338	163,346	71,633	65,727	14,934	10,958	11,117	861,358
	35–44	338,186	193,582	177,242	82,934	83,981	17,529	10,844	14,031	918,329
	45–54	343,221	254,876	226,509	99,801	98,190	24,672	16,594	14,994	1,078,857
	55–64	446,434	335,856	285,421	124,724	132,649	41,526	22,961	14,758	1,404,329
	65–74	627,377	509,396	353,420	163,068	183,518	51,381	25,387	9,989	1,923,536
	75–84	706,872	572,435	411,526	176,889	221,609	60,698	23,782	3,730	2,177,541
85 and over	246,346	229,898	147,749	76,906	97,514	20,202	6,376	1,171	826,162	
	Total^(b)	3,583,203	2,575,742	2,046,085	932,302	1,001,348	260,439	139,045	100,422	10,638,586
Persons ^(b)	Under 1	251,942	177,303	130,603	63,407	59,404	20,480	15,894	21,342	740,375
	1–4	109,969	66,401	61,726	33,719	25,396	5,114	4,301	12,654	319,280
	5–14	157,886	95,512	87,023	47,753	35,473	9,258	6,119	9,139	448,163
	15–24	476,821	295,836	284,243	134,871	116,518	30,596	18,696	21,563	1,379,144
	25–34	934,306	531,738	453,834	228,799	186,191	50,078	35,547	29,568	2,450,061
	35–44	740,401	491,225	396,614	207,207	183,691	45,573	29,781	29,590	2,124,082
	45–54	684,883	535,918	455,040	218,470	199,684	55,693	35,333	29,830	2,214,851
	55–64	859,401	629,118	522,173	237,468	246,295	76,320	41,491	25,392	2,637,658
	65–74	1,190,276	964,838	671,953	313,355	341,124	101,406	46,922	17,058	3,646,932
	75–84	1,568,123	1,280,611	856,560	397,174	499,681	130,825	51,045	7,382	4,791,401
85 and over	772,361	703,911	414,838	235,482	265,418	57,831	19,221	2,608	2,471,670	
	Total patient days	7,746,514	5,772,411	4,334,607	2,117,705	2,158,875	583,174	304,350	206,126	23,223,762

(a) Only public hospitals in the Northern Territory.

(b) Includes patient days for which sex and/or age group were not reported.

Table 7.5: Patient days, by age group and sex, public hospitals, states and territories, 2001–02

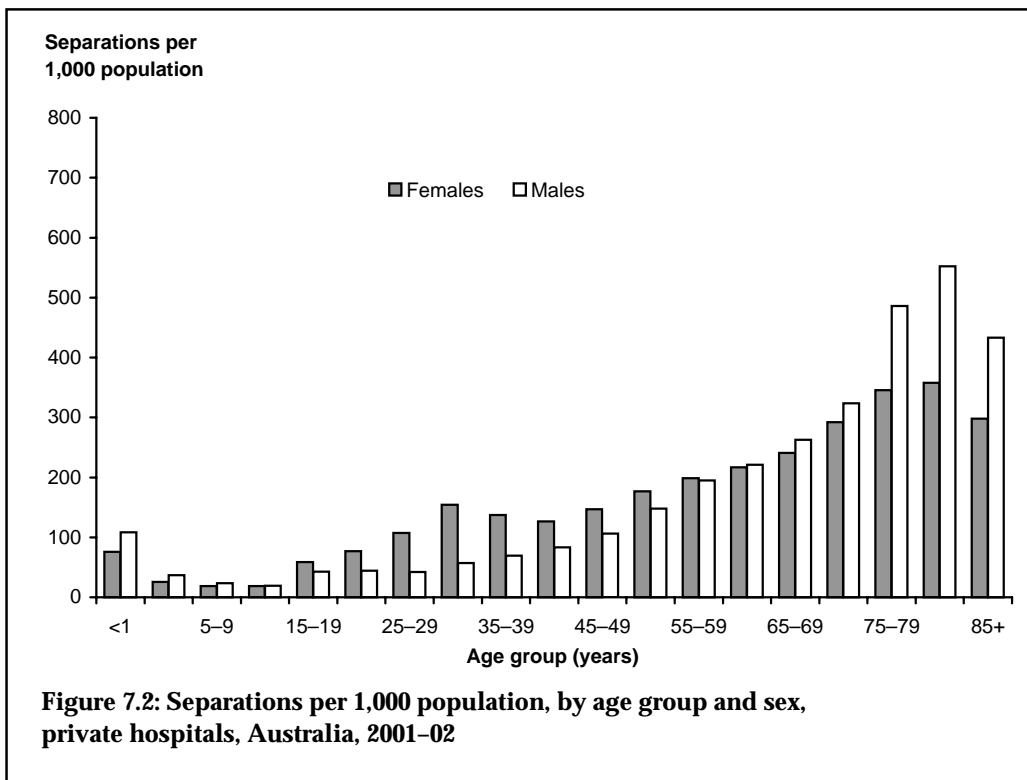
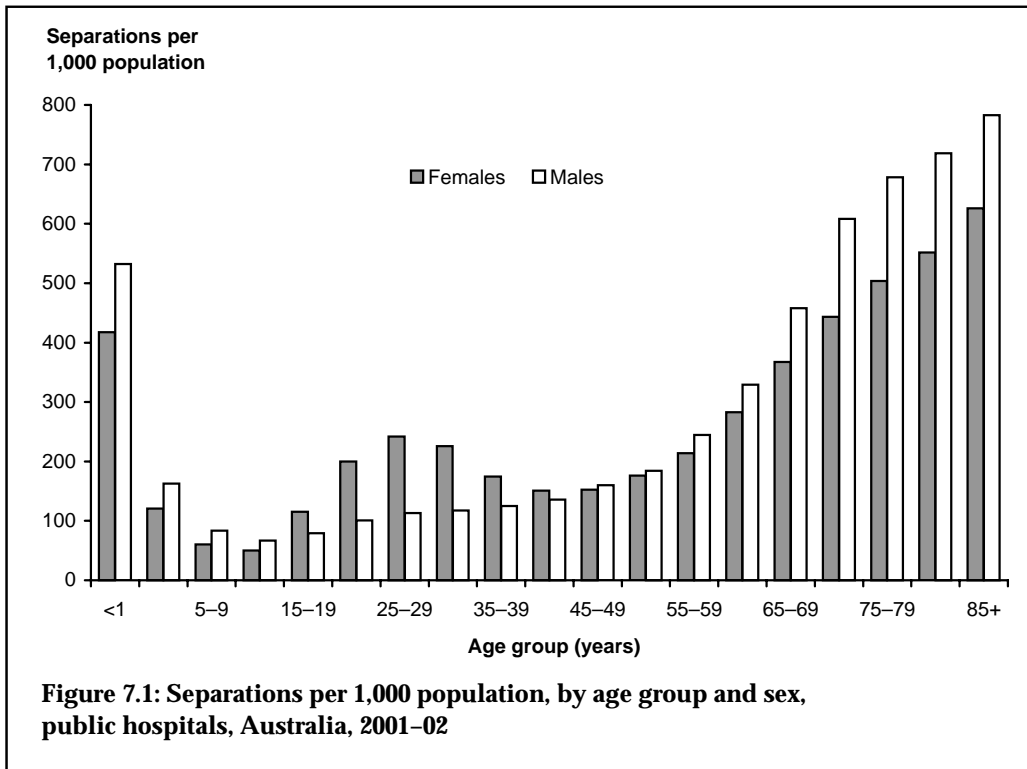
Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	99,951	69,014	47,140	22,874	24,171	7,094	6,267	9,341	285,852
	1–4	41,715	24,259	22,151	11,396	8,849	1,828	1,565	5,970	117,733
	5–14	56,207	36,215	29,131	16,380	13,986	3,358	2,311	4,139	161,727
	15–24	201,840	130,172	119,795	55,879	54,410	13,781	8,874	14,489	599,240
	25–34	419,502	243,004	177,180	90,883	83,384	19,114	14,987	18,448	1,066,502
	35–44	270,506	180,949	119,272	67,792	63,172	14,634	10,980	15,494	742,799
	45–54	217,520	163,657	119,398	63,128	55,312	14,916	11,390	14,807	660,128
	55–64	286,154	185,856	126,625	63,854	69,212	20,150	12,699	10,630	775,180
	65–74	412,274	315,257	176,545	94,739	108,763	31,297	16,107	7,069	1,162,051
	75–84	646,027	496,439	224,914	145,586	193,886	40,965	18,921	3,652	1,770,390
85 and over	421,233	356,278	148,058	110,244	118,494	23,439	9,971	1,437	1,189,154	
Total^(a)	3,072,970	2,201,100	1,310,209	742,755	793,639	190,576	114,072	105,476	8,530,797	
Males	Under 1	122,809	85,040	58,406	25,236	29,827	8,287	6,362	11,955	347,922
	1–4	54,378	36,116	28,610	15,418	13,691	2,292	2,308	6,682	159,495
	5–14	72,953	44,627	39,822	21,615	16,484	3,572	3,069	4,992	207,134
	15–24	197,755	96,429	99,254	42,499	41,364	8,326	6,536	7,003	499,166
	25–34	321,315	131,646	128,846	56,045	55,367	11,532	9,692	11,117	725,560
	35–44	278,537	140,992	129,673	59,542	66,427	11,665	8,674	7,095	709,541
	45–54	245,820	178,655	138,714	62,750	68,096	15,196	12,509	14,994	736,734
	55–64	319,213	237,070	171,894	77,286	94,923	28,801	17,628	14,758	961,573
	65–74	483,490	382,405	217,485	108,101	138,729	34,931	19,044	9,989	1,394,174
	75–84	504,393	386,699	189,449	100,851	166,313	34,233	15,560	3,730	1,401,228
85 and over	194,339	171,500	81,394	50,506	76,679	12,452	4,563	1,171	592,604	
Total^(a)	2,795,104	1,891,179	1,283,547	619,849	767,900	171,287	105,945	100,422	7,735,233	
Persons ^(a)	Under 1	222,766	154,087	105,546	48,110	53,998	15,387	12,629	21,342	633,865
	1–4	96,096	60,375	50,761	26,814	22,540	4,121	3,873	12,654	277,234
	5–14	129,165	80,842	68,953	37,995	30,470	6,930	5,380	9,139	368,874
	15–24	399,600	226,601	219,049	98,378	95,774	22,107	15,410	21,563	1,098,482
	25–34	740,819	374,650	306,026	146,928	138,751	30,646	24,679	29,568	1,792,067
	35–44	549,043	321,941	248,945	127,334	129,599	26,300	19,654	29,590	1,452,406
	45–54	463,340	342,312	258,112	125,878	123,408	30,112	23,899	29,830	1,396,891
	55–64	605,401	422,926	298,519	141,140	164,135	48,951	30,327	25,392	1,736,791
	65–74	895,764	697,662	394,030	202,840	247,492	66,228	35,151	17,058	2,556,225
	75–84	1,150,420	883,138	414,363	246,437	360,199	75,198	34,481	7,382	3,171,618
85 and over	615,573	527,778	229,452	160,750	195,173	35,891	14,534	2,608	1,781,759	
Total patient days	5,868,132	4,092,312	2,593,756	1,362,604	1,561,539	361,871	220,017	206,126	16,266,357	

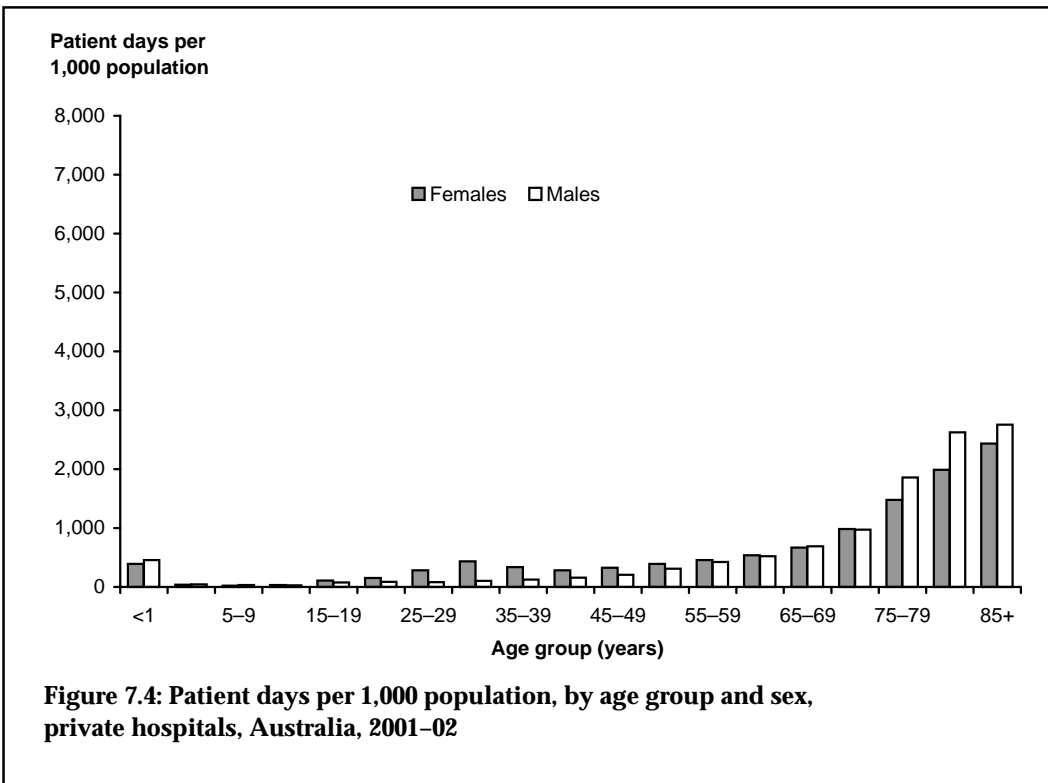
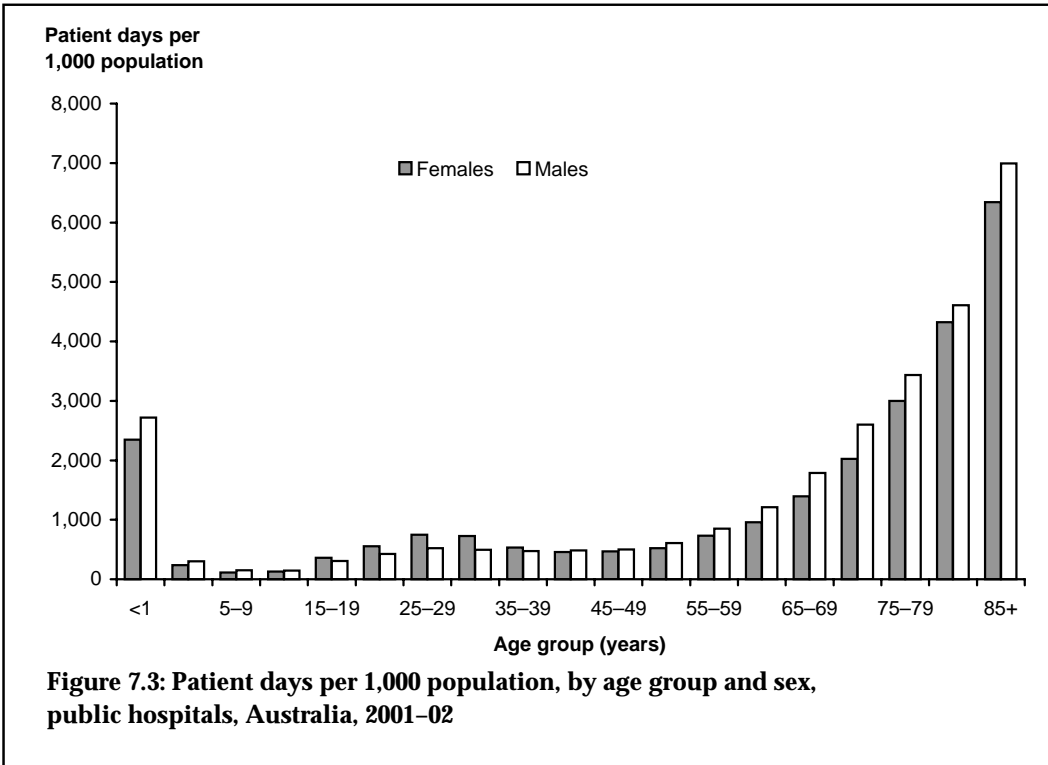
(a) Includes patient days for which sex and/or age group were not reported

Table 7.6: Patient days, by age group and sex, private hospitals, states and territories, 2001–02

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Females	Under 1	13,231	10,223	11,211	6,692	2,330	2,437	1,451	..	47,575	
	1–4	6,302	2,474	4,527	2,854	1,160	352	151	..	17,820	
	5–14	13,338	6,747	8,464	4,625	2,323	1,018	287	..	36,802	
	15–24	48,655	40,394	40,304	22,703	11,402	6,072	1,961	..	171,491	
	25–34	155,497	124,396	113,308	66,283	37,080	16,028	9,602	..	522,194	
	35–44	131,709	116,694	100,100	56,481	36,538	13,408	7,957	..	462,887	
	45–54	124,142	117,385	109,133	55,541	46,182	16,099	7,349	..	475,831	
	55–64	126,779	107,406	110,127	48,890	44,434	16,099	5,831	..	458,111	
	65–74	150,625	140,185	141,988	55,548	48,843	18,727	5,428	..	561,344	
	75–84	215,223	211,737	220,120	74,699	84,186	29,155	8,342	..	843,462	
	85 and over	104,781	117,735	119,031	48,332	49,410	14,189	2,874	..	456,352	
	Total^(a)	1,090,282	995,376	978,313	442,648	363,888	132,129	51,233	4,053,869
	Males	Under 1	15,945	12,833	13,846	8,605	3,076	2,656	1,814	..	58,775
1–4		7,571	3,552	6,438	4,051	1,696	641	277	..	24,226	
5–14		15,383	7,923	9,606	5,133	2,680	1,309	452	..	42,486	
15–24		28,566	28,841	24,890	13,790	9,342	2,414	1,325	..	109,168	
25–34		37,990	32,692	34,500	15,588	10,360	3,402	1,266	..	135,798	
35–44		59,649	52,590	47,569	23,392	17,554	5,864	2,170	..	208,788	
45–54		97,401	76,221	87,795	37,051	30,094	9,476	4,085	..	342,123	
55–64		127,221	98,786	113,527	47,438	37,726	12,725	5,333	..	442,756	
65–74		143,887	126,991	135,935	54,967	44,789	16,450	6,343	..	529,362	
75–84		202,479	185,736	222,077	76,038	55,296	26,465	8,222	..	776,313	
85 and over		52,007	58,398	66,355	26,400	20,835	7,750	1,813	..	233,558	
Total^(a)		788,099	684,563	762,538	312,453	233,448	89,152	33,100	2,903,353
Persons ^(a)		Under 1	29,176	23,216	25,057	15,297	5,406	5,093	3,265	..	106,510
	1–4	13,873	6,026	10,965	6,905	2,856	993	428	..	42,046	
	5–14	28,721	14,670	18,070	9,758	5,003	2,328	739	..	79,289	
	15–24	77,221	69,235	65,194	36,493	20,744	8,489	3,286	..	280,662	
	25–34	193,487	157,088	147,808	81,871	47,440	19,432	10,868	..	657,994	
	35–44	191,358	169,284	147,669	79,873	54,092	19,273	10,127	..	671,676	
	45–54	221,543	193,606	196,928	92,592	76,276	25,581	11,434	..	817,960	
	55–64	254,000	206,192	223,654	96,328	82,160	27,369	11,164	..	900,867	
	65–74	294,512	267,176	277,923	110,515	93,632	35,178	11,771	..	1,090,707	
	75–84	417,703	397,473	442,197	150,737	139,482	55,627	16,564	..	1,619,783	
	85 and over	156,788	176,133	185,386	74,732	70,245	21,940	4,687	..	689,911	
	Total patient days	1,878,382	1,680,099	1,740,851	755,101	597,336	221,303	84,333	6,957,405

(a) Includes patient days for which sex and/or age group were not reported.
 .. not available.





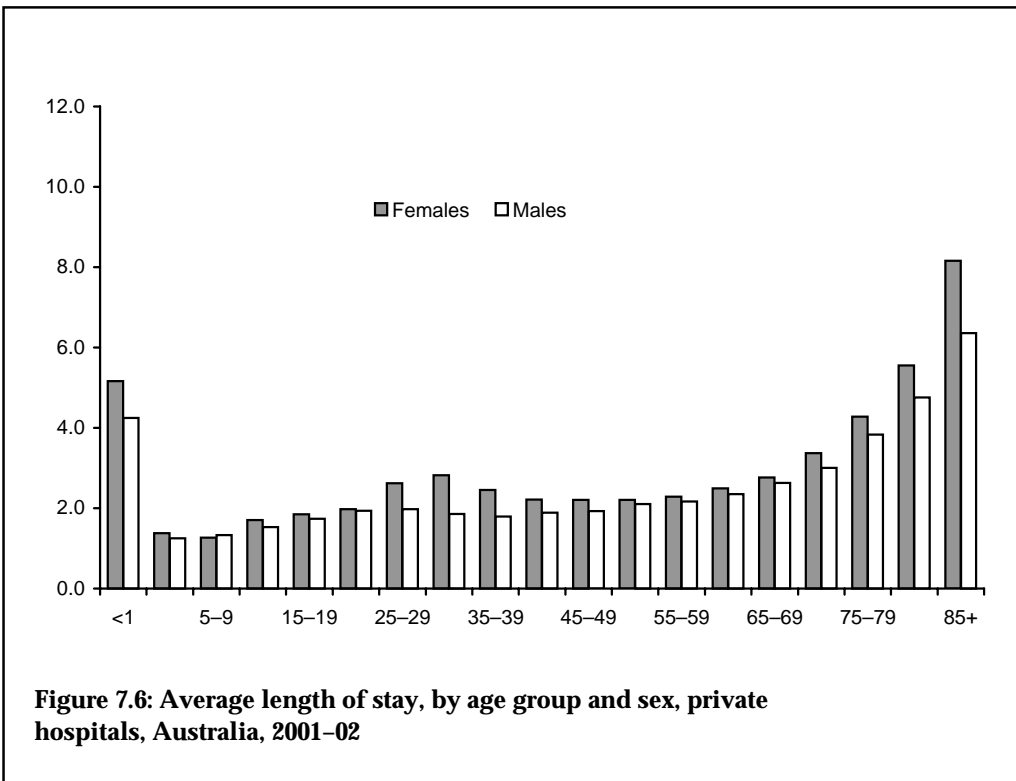


Table 7.7: Separations, by Indigenous status^(a) and hospital sector, states and territories, 2001–02

Indigenous status	NSW							Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals														
Aboriginal but not Torres Strait Islander origin	33,535	7,540	43,296	34,365	12,564	1,443	1,258	39,111	173,112						
Torres Strait Islander but not Aboriginal origin	430	116	7,620	53	58	47	37	134	8,495						
Aboriginal and Torres Strait Islander origin	748	357	2,245	211	34	35	66	399	4,095						
Not Aboriginal or Torres Strait Islander origin	1,224,276	1,081,851	630,006	318,130	340,374	73,030	58,428	23,572	3,749,667						
Not reported	4,728	0	11,554	0	9,304	4,932	2,156	266	32,940						
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309						
	Private hospitals														
Aboriginal but not Torres Strait Islander origin	317	75	869	2,622	196	110	19	..	4,208						
Torres Strait Islander but not Aboriginal origin	129	99	248	49	5	8	5	..	543						
Aboriginal and Torres Strait Islander origin	22	209	257	68	11	27	24	..	618						
Not Aboriginal or Torres Strait Islander origin	691,236	579,453	462,031	262,393	192,357	23,151	25,558	..	2,236,179						
Not reported	838	0	129,669	0	5,201	47,353	1,580	..	184,641						
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189						
	All hospitals^(b)														
Aboriginal but not Torres Strait Islander origin	33,852	7,615	44,165	36,987	12,760	1,553	1,277	39,111	177,320						
Torres Strait Islander but not Aboriginal origin	559	215	7,868	102	63	55	42	134	9,038						
Aboriginal and Torres Strait Islander origin	770	566	2,502	279	45	62	90	399	4,713						
Not Aboriginal or Torres Strait Islander origin	1,915,512	1,661,304	1,092,037	580,523	532,731	96,181	83,986	23,572	5,985,846						
Not reported	5,566	0	141,223	0	14,505	52,285	3,736	266	217,581						
Total	1,956,259	1,669,700	1,287,795	617,891	560,104	150,136	89,131	63,482	6,394,498						
Separation rate ^(c) for Indigenous persons per 1,000	351.5	410.4	620.8	763.7	699.6	125.7	747.1	998.7	578.1						
Separation rate ^(c) for non-Indigenous persons per 1,000	291.0	340.3	351.8	322.5	348.6	310.1	308.1	224.8	322.2						
Separation rate ^(c) for all per 1,000	292.0	340.6	358.0	333.7	352.7	310.3	310.3	394.3	326.6						
Rate ratio ^(d)	1.2	1.2	1.8	2.4	2.0	0.4	2.4	4.4	1.8						

(a) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail

(b) Only public hospitals in the Northern Territory.

(c) The rates were directly age-standardised to the Australian population at 30 June 2001 and separation rate for non-Indigenous persons includes^{Not reported}. For details, see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au/>

(d) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for non-Indigenous persons (which includes^{Not reported}). .. not available.

Table 7.8: Overnight separations, by Indigenous status^(a) and hospital sector, states and territories, 2001–02

Indigenous status	NSW							Vic	Qld	WA	SA	Tas	ACT	NT	Total
	NSW	Vic	Qld	WA	SA	Tas	ACT								
Public hospitals															
Aboriginal but not Torres Strait Islander origin	19,864	3,556	21,617	19,658	6,370	598	404	15,960	88,027						
Torres Strait Islander but not Aboriginal origin	250	69	3,227	42	34	26	16	76	3,740						
Aboriginal and Torres Strait Islander origin	573	218	829	150	25	23	53	218	2,089						
Not Aboriginal or Torres Strait Islander origin	711,482	506,870	334,554	163,490	176,160	37,714	27,203	12,587	1,970,060						
Not reported	2,530	0	5,938	0	3,341	3,178	977	187	16,151						
Total	734,699	510,713	366,165	183,340	185,930	41,539	28,653	29,028	2,080,067						
Private hospitals															
Aboriginal but not Torres Strait Islander origin	85	30	286	213	100	49	12	..	775						
Torres Strait Islander but not Aboriginal origin	40	38	73	4	3	2	4	..	164						
Aboriginal and Torres Strait Islander origin	10	38	97	31	8	14	20	..	218						
Not Aboriginal or Torres Strait Islander origin	262,464	231,004	174,868	116,268	89,915	11,738	13,019	..	899,276						
Not reported	132	0	48,741	0	2,150	20,633	1,004	..	72,660						
Total	262,731	231,110	224,065	116,516	92,176	32,436	14,059	..	973,093						
All hospitals^(b)															
Aboriginal but not Torres Strait Islander origin	19,949	3,586	21,903	19,871	6,470	647	416	15,960	88,802						
Torres Strait Islander but not Aboriginal origin	290	107	3,300	46	37	28	20	76	3,904						
Aboriginal and Torres Strait Islander origin	583	256	926	181	33	37	73	218	2,307						
Not Aboriginal or Torres Strait Islander origin	973,946	737,874	509,422	279,758	266,075	49,452	40,222	12,587	2,869,336						
Not reported	2,662	0	54,679	0	5,491	23,811	1,981	187	88,811						
Total	997,430	741,823	590,230	299,856	278,106	73,975	42,712	29,028	3,053,160						
Separation rate ^(c) for Indigenous persons per 1,000	210.5	197.4	292.9	416.4	350.8	54.1	290.4	400.1	285.8						
Separation rate ^(c) for non-Indigenous persons per 1,000	147.8	150.8	161.3	155.9	172.2	153.4	148.2	119.2	153.6						
Separation rate ^(c) for all per 1,000	148.7	151.0	164.4	162.3	174.5	153.3	148.7	163.9	155.9						
Rate ratio ^(d)	1.4	1.3	1.8	2.7	2.0	0.4	2.0	3.4	1.9						

(a) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail

(b) Only public hospitals in the Northern Territory.

(c) The rates were directly age-standardised to the Australian population at 30 June 2001 and separation rate for non-Indigenous persons includes^{Not reported}. For details, see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au/>

(d) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for non-Indigenous persons (which includes^{Not reported}).
.. not available.

Table 7.9: Separations, by Indigenous status, age group and sex, Australia, 2001–02

Age group	Indigenous			Not Indigenous			Not reported			Total ^(a)		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Under 1	5,127	4,120	9,247	74,487	54,207	128,729	2,361	1,728	4,091	81,975	60,055	142,067
1–4	5,710	4,448	10,160	97,183	67,487	164,674	2,131	1,437	3,568	105,024	73,372	178,402
5–14	5,722	4,354	10,077	124,992	90,501	215,496	3,531	2,637	6,169	134,245	97,492	231,742
15–24	6,149	16,098	22,249	169,720	271,592	441,322	6,048	8,657	14,709	181,917	296,347	478,280
25–34	11,257	19,209	30,467	217,790	491,129	708,922	7,330	18,266	25,598	236,377	528,604	764,987
35–44	15,212	18,916	34,179	279,900	402,618	682,519	11,052	19,751	30,804	306,164	441,285	747,502
45–54	16,382	17,583	33,967	364,424	398,312	762,736	16,328	19,445	35,779	397,134	435,340	832,482
55–64	9,562	14,678	24,251	438,039	387,750	825,792	17,337	17,095	34,432	464,938	419,523	884,475
65–74	4,755	7,377	12,132	506,623	436,237	942,860	15,534	14,801	30,336	526,912	458,415	985,328
75 and over	1,686	2,654	4,340	522,669	590,053	1,112,724	15,018	17,067	32,093	539,373	609,774	1,149,157
Total^(a)	81,562	109,439	191,071	2,795,874	3,189,911	5,985,846	96,670	120,884	217,581	2,974,106	3,420,234	6,394,498

(a) Includes separations for which sex and/or age group were not reported

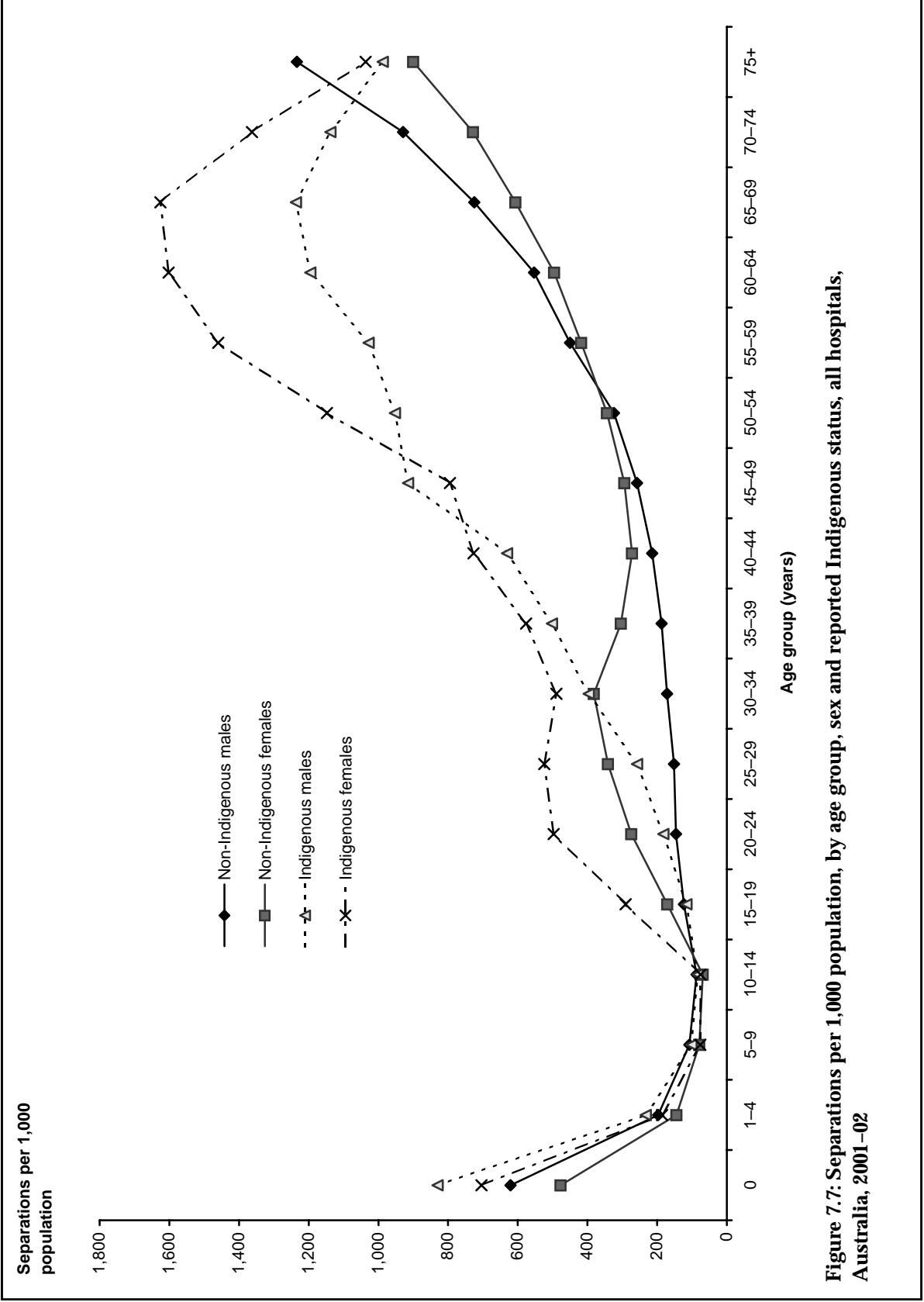


Figure 7.7: Separations per 1,000 population, by age group, sex and reported Indigenous status, all hospitals, Australia, 2001-02

Table 7.10: Separations, by selected country/region of birth and hospital sector, Australia, 2001-02

Country/region	Separations			Separations per 1,000 population ^(a)		
	Public hospitals	Private hospitals	All sectors	Public hospitals	Private hospitals	All sectors
Australia	2,917,247	1,844,996	4,762,243	204.7	134.8	339.5
New Zealand	63,344	32,969	96,313	176.7	90.1	266.8
Papua New Guinea	5,044	3,204	8,248	239.5	161.5	401.0
Fiji	11,381	3,794	15,175	276.1	86.9	363.0
Oceania (other)	13,459	3,103	16,562	457.2	110.0	567.2
<i>Oceania (total)</i>	<i>3,010,475</i>	<i>1,888,066</i>	<i>4,898,541</i>	<i>204.8</i>	<i>133.4</i>	<i>338.3</i>
United Kingdom and Ireland	263,640	170,110	433,750	161.5	100.7	262.3
Greece	53,362	14,699	68,061	219.8	75.2	295.0
Italy	90,670	45,688	136,358	201.4	106.0	307.4
Malta	16,602	6,511	23,113	200.1	83.9	284.0
Former Yugoslavia	49,987	13,764	63,751	220.3	57.6	277.9
Former USSR and Baltic States	21,981	6,994	28,975	219.3	90.6	309.9
Hungary	7,897	5,614	13,511	143.9	100.6	244.5
Poland	21,144	9,744	30,888	158.0	80.6	238.6
Romania	3,554	1,580	5,134	193.3	85.7	278.9
Austria	5,389	4,760	10,149	206.4	296.5	502.9
France	3,869	2,693	6,562	175.9	117.8	293.6
Germany	29,152	17,626	46,778	165.5	97.2	262.7
Netherlands	25,743	13,690	39,433	174.4	87.6	262.1
Europe and the former USSR (other)	32,761	15,467	48,228	186.4	84.3	270.7
<i>Europe and the former USSR (total)</i>	<i>625,751</i>	<i>328,940</i>	<i>954,691</i>	<i>178.8</i>	<i>94.6</i>	<i>273.5</i>
Lebanon	25,375	5,353	30,728	305.5	55.9	361.4
Turkey	9,378	2,042	11,420	272.4	53.0	325.4
Iran	3,859	1,500	5,359	205.2	67.5	272.7
Egypt	12,110	5,697	17,807	237.4	96.0	333.4
Middle East and North Africa (other)	14,344	4,741	19,085	238.8	77.5	316.2
<i>Middle East and North Africa (total)</i>	<i>65,066</i>	<i>19,333</i>	<i>84,399</i>	<i>262.2</i>	<i>72.2</i>	<i>334.3</i>

(continued)

Table 7.10 (continued): Separations, by selected country/region of birth and hospital sector, Australia, 2001-02

Country/region	Separations			Separations per 1,000 population ^(a)		
	Public hospitals	Private hospitals	All sectors	Public hospitals	Private hospitals	All sectors
Myanmar	2,126	1,384	3,510	140.3	87.9	228.3
Indonesia	6,757	5,783	12,540	156.1	148.1	304.2
Cambodia	5,080	952	6,032	232.3	35.5	267.8
Malaysia	8,404	8,019	16,423	121.1	97.8	218.8
Philippines	20,397	5,247	25,644	212.5	43.8	256.3
Singapore	3,374	3,251	6,625	115.7	103.1	218.8
Vietnam	27,747	6,759	34,506	173.3	36.6	209.8
Thailand	3,101	1,108	4,209	204.8	55.6	260.4
China	23,721	11,180	34,901	122.7	55.0	177.6
Hong Kong and Macau	5,678	6,566	12,244	107.5	107.9	215.4
Japan	2,583	2,577	5,160	115.9	117.6	233.5
Korea	4,677	2,078	6,755	162.1	57.3	219.4
India	16,757	10,067	26,824	150.4	85.9	236.2
Sri Lanka	11,365	5,736	17,101	191.6	87.6	279.1
Asia (other)	10,495	3,880	14,375	209.8	69.6	279.4
<i>Asia (total)</i>	<i>152,262</i>	<i>74,587</i>	<i>226,849</i>	<i>155.4</i>	<i>72.5</i>	<i>227.9</i>
Canada	4,070	4,025	8,095	145.4	134.8	280.2
United States of America	7,393	7,952	15,345	137.6	138.3	275.9
North America (other)	140	66	206	360.4	154.2	514.6
<i>North America (total)</i>	<i>11,603</i>	<i>12,043</i>	<i>23,646</i>	<i>141.2</i>	<i>137.3</i>	<i>278.5</i>
Argentina	2,029	1,143	3,172	170.1	81.2	251.3
Chile	6,198	1,895	8,093	249.6	64.1	313.6
The Caribbean	1,112	962	2,074	261.4	178.5	439.9
Other	9,225	3,576	12,801	217.9	74.3	292.2
<i>South America, Central America and The Caribbean (total)</i>	<i>18,564</i>	<i>7,576</i>	<i>26,140</i>	<i>222.2</i>	<i>79.0</i>	<i>301.1</i>
Mauritius	4,060	2,187	6,247	201.5	100.5	302.0
South Africa	10,088	10,150	20,238	132.5	120.2	252.7
Africa excluding North Africa (other)	8,841	5,286	14,127	196.9	126.0	322.9
<i>Africa excluding North Africa (total)</i>	<i>22,989</i>	<i>17,623</i>	<i>40,612</i>	<i>163.2</i>	<i>117.1</i>	<i>280.3</i>
<i>Overseas (total)</i>	<i>989,463</i>	<i>503,172</i>	<i>1,492,635</i>	<i>181.8</i>	<i>87.5</i>	<i>269.3</i>
Not stated or inadequately described	61,599	78,021	139,620	n.a.	n.a.	n.a.
Total	3,968,309	2,426,189	6,394,498	204.4	125.0	329.4

(a) The rates were directly age-standardised to the Australian population at 30 June 2001. For details, see Appendix 3.

n.a. not applicable.

Table 7.11: Selected separation statistics by same day status, hospital sector^(a) and state or territory of usual residence, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(b)	Total ^(c)
All separations									
Separations	1,994,243	1,655,631	1,260,428	616,951	554,344	143,692	72,184	64,053	6,364,373
Separations not within state of residence (%)	4	1	1	0	1	2	6	7	
Separation rate ^(d)	297.6	337.8	350.3	333.2	349.0	296.8	249.0	395.1	325.0
Standardised separation rate ratio (SRR)	0.92	1.04	1.08	1.03	1.07	0.91	0.77	1.22	
95% confidence interval of SRR	0.92-0.92	1.04-1.04	1.08-1.08	1.03-1.03	1.07-1.07	0.91-0.91	0.76-0.78	1.21-1.23	
Same day separations									
Separations	980,738	920,127	682,545	318,250	280,168	70,950	37,016	34,235	3,325,815
Separations not within state of residence (%)	4	1	1	0	1	2	5	4	
Separation rate ^(d)	146.5	188.1	189.3	171.5	177.0	146.3	127.8	225.6	169.9
Standardised separation rate ratio (SRR)	0.86	1.11	1.11	1.01	1.04	0.86	0.75	1.33	
95% confidence interval of SRR	0.86-0.86	1.11-1.11	1.11-1.11	1.01-1.01	1.04-1.04	0.85-0.87	0.74-0.76	1.32-1.34	
Overnight separations									
Separations	1,013,505	735,504	577,883	298,701	274,176	72,742	35,168	29,818	3,038,558
Separations not within state of residence (%)	4	1	1	1	1	2	8	9	
Separation rate ^(d)	151.1	149.7	161.0	161.7	172.0	150.5	121.1	169.5	155.2
Standardised separation rate ratio (SRR)	0.97	0.96	1.04	1.04	1.11	0.97	0.78	1.09	
95% confidence interval of SRR	0.97-0.97	0.96-0.96	1.04-1.04	1.04-1.04	1.11-1.11	0.96-0.98	0.77-0.79	1.08-1.1	
Public hospitals									
Separations	1,279,472	1,074,782	689,231	352,146	359,646	80,465	50,188	62,374	3,951,040
Separations not within state of residence (%)	3	1	1	1	1	2	5	4	
Separation rate ^(d)	190.9	219.4	191.0	190.4	228.0	167.0	173.8	384.8	201.9
Standardised separation rate ratio (SRR)	0.95	1.09	0.95	0.94	1.13	0.83	0.86	1.91	
95% confidence interval of SRR	0.95-0.95	1.09-1.09	0.95-0.95	0.94-0.94	1.13-1.13	0.82-0.84	0.85-0.87	1.9-1.92	
Private hospitals									
Separations	714,771	580,849	571,197	264,805	194,698	63,227	21,996	1,679	2,413,333
Separations not within state of residence (%)	5	1	1	0	1	2	8	100	
Separation rate ^(d)	106.7	118.4	159.3	142.8	121.0	129.8	75.1	10.3	123.1
Standardised separation rate ratio (SRR)	0.87	0.96	1.29	1.16	0.98	1.05	0.61	0.08	
95% confidence interval of SRR	0.87-0.87	0.96-0.96	1.29-1.29	1.16-1.16	0.98-0.98	1.04-1.06	0.6-0.62	0.08-0.08	

(a) Some private hospitals are not included. See Chapter 1 for details.

(b) The National Hospital Morbidity Database does not contain data for private hospitals for the Northern Territory.

(c) Includes Other territories and excludes non-Australian residents and Unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.

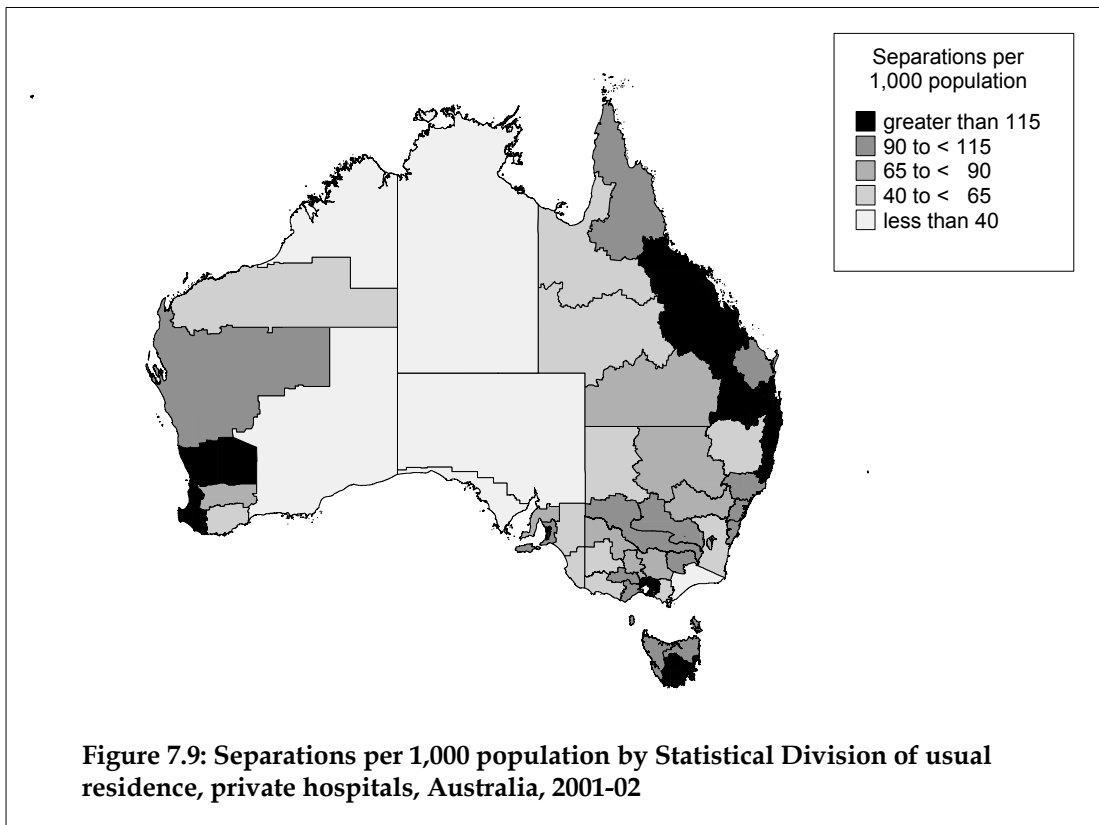
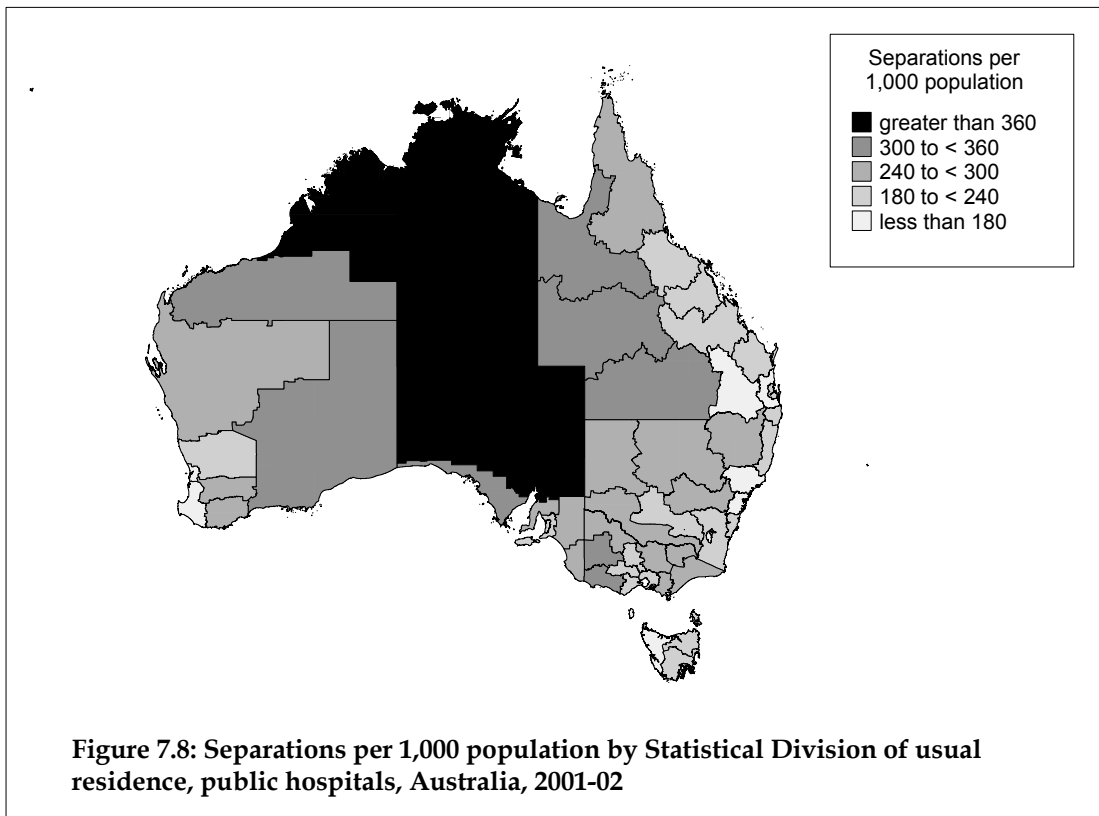
Table 7.12: Selected separation statistics, by same day status, hospital sector^(a) and Remoteness Area of usual residence, all hospitals, Australia,^(b) 2001–02

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(b)
All separations						
Separations	4,159,506	1,333,459	677,227	112,941	70,693	6,364,373
Separation rate ^(c)	182.2	182.1	190.0	212.9	254.5	184.1
Standardised separation rate ratio (SRR)	0.99	0.99	1.03	1.16	1.38	
95% confidence interval of SRR	0.99–0.99	0.99–0.99	1.03–1.03	1.15–1.17	1.37–1.39	
Same day separations						
Separations	2,298,898	639,157	309,454	46,457	26,809	3,325,815
Separation rate ^(c)	100.9	86.8	86.0	85.9	98.4	96.2
Standardised separation rate ratio (SRR)	1.05	0.90	0.89	0.89	1.02	
95% confidence interval of SRR	1.05–1.05	0.9–0.9	0.89–0.89	0.88–0.9	1.01–1.03	
Overnight separations						
Separations	1,860,608	694,302	367,773	66,484	43,884	3,038,558
Separation rate ^(c)	81.2	95.3	103.9	127.0	156.1	87.9
Standardised separation rate ratio (SRR)	0.92	1.08	1.18	1.44	1.78	
95% confidence interval of SRR	0.92–0.92	1.08–1.08	1.18–1.18	1.43–1.45	1.76–1.8	
Public hospitals						
Separations	2,426,001	847,716	511,439	94,421	65,030	3,951,040
Separation rate ^(c)	106.2	116.5	143.7	177.5	231.7	114.3
Standardised separation rate ratio (SRR)	0.93	1.02	1.26	1.55	2.03	
95% confidence interval of SRR	0.93–0.93	1.02–1.02	1.26–1.26	1.54–1.56	2.01–2.05	
Private hospitals						
Separations	1,733,505	485,743	165,788	18,520	5,663	2,413,333
Separation rate ^(c)	76.0	65.6	46.2	35.5	22.8	69.8
Standardised separation rate ratio (SRR)	1.09	0.94	0.66	0.51	0.33	
95% confidence interval of SRR	1.09–1.09	0.94–0.94	0.66–0.66	0.5–0.52	0.32–0.34	

(a) Some private hospitals are not included. See Chapter 1 for details.

(b) Includes Unknown Remoteness Area and excludes non-Australian residents.

(c) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.



8 Principal diagnoses for admitted patients

Introduction

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for occasioning the admitted patient's episode of care in hospital. Data on principal diagnoses provide information on the diseases and conditions for which hospitalisations occur and can provide an indirect measure of community morbidity.

The principal diagnosis is usually a disease, injury or poisoning, but can also be the specific care or service provided for a current condition (for example, dialysis for renal disease), or other reasons for hospitalisation.

Principal diagnoses for 2001–02 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories except South Australia using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2000). South Australia mapped the data collected using that classification forward to codes of the third edition of ICD-10-AM (NCCH 2002). The Institute mapped these data backward to the second edition codes so that national data could be presented in a single classification in this report. The mapped data are not completely equivalent to unmapped data, so this means that the South Australian data should be interpreted with these mappings in mind. Further information about the backward mapping and other information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes) which, in turn, can mostly be divided into an even larger number of very specific disease categories represented by 4- and 5-character codes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM disease classification. Full descriptions of the categories are available in the ICD-10-AM publication.

Most of the information is presented using three methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Figures 8.2 and 8.3 and Table 8.18);
- ICD-10-AM disease groupings – these 73 groups were chosen to provide more detailed information than ICD-10-AM chapters, but still cover the entire disease classification at a manageable level (Tables 8.1 to 8.4); and
- 3-character ICD-10-AM groupings – 1,664 categories describe the diseases at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 8.6 to 8.10 and Tables 8.12 to 8.17) and summary information is provided for all of the groups (for which separations were reported) on the Internet at <http://www.aihw.gov.au/> (Tables S8.1 to S8.4).

In addition, Table 8.11 uses a mixture of ICD-10-AM chapters, 3- and 4-character categories and other groupings to present information on diagnoses reported for public psychiatric hospitals.

Tables are presented with summary separation, patient day and length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented, as well as separation statistics by Indigenous status.

Table 8.5 presents information on the number of diagnoses reported by each state and territory. These include the principal diagnosis and any additional diagnoses (conditions or complaints either co-existing with the principal diagnosis, or arising during the episode of care).

Although a principal diagnosis is expected to be reported for every separation, in practice it is missing for a small number of records (indicated as *Not reported* in the tables). The majority of records without a principal diagnosis were reported by New South Wales and Victoria (for public and private hospitals, respectively).

Some data for private hospitals, particularly in Tasmania and the Australian Capital Territory, have not been included in Tables 8.4, 8.13 and 8.15. These data were supplied but are not published, for confidentiality reasons.

Principal diagnosis and other data elements reported for separations

The information on principal diagnosis reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 8.1 demonstrates this using the example of the principal diagnosis S82 *Fracture of lower leg, including ankle*. There were 22,845 separations with this principal diagnosis, with an average length of stay of 5.4 days. Over 57% of separations were for male patients in comparison with 46.5% in hospitals overall (Table 7.1). Almost 82% of separations with this principal diagnosis were in the public sector and nearly all patients (99%) had a care type of *Acute care*. A large proportion of patients (78.8%) with this diagnosis had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. *Fracture of lower leg, including ankle* (S82) was also found to be the most common additional diagnosis. The most common procedure performed was *Generalised allied health interventions* (Block 1916) and the most commonly reported AR-DRG was *Humerus, tibia, fibula and ankle procedures age < 60 without catastrophic or severe complication or comorbidity* (I13C). The most common external cause reported for this principal diagnosis was *Fall on same level from slipping, tripping and stumbling* (W01).

ICD-10-AM chapters

Figures 8.2 and 8.3 provide a summary of the separations and patient days reported for each of the ICD-10-AM disease chapters.

Ignoring the diverse categories that make up the *Factors influencing health status and contact with health services* group, the chapter with the highest number of separations in the public sector was *Injury and poisoning and certain other consequences of external causes*, followed by *Diseases of the digestive system*. In the private sector, *Diseases of the digestive system* had the

largest number of separations, followed by *Factors influencing health status and contact with health services* and *Neoplasms*. After the *Factors influencing health status and contact with health services* group, the highest numbers of patient days for the public sector were reported for the *Mental and behavioural disorders* and *Diseases of the circulatory system* chapters. *Neoplasms* and *Diseases of the musculoskeletal and connective tissues* chapters accounted for the highest numbers of patient days in the private sector.

For the public and private sectors combined, the two chapters with the most separations were *Diseases of the digestive system* and *Neoplasms*. The largest numbers of patient days were reported for the *Mental and behavioural disorders* and *Diseases of the circulatory system* chapters.

Broad disease groupings

Sector

Tables 8.1 and 8.2 summarise the principal diagnosis data. *Encounter with health service for specific procedure* (Z40–Z54) stands out as a high volume group (809,578 separations, 414.5 separations per 10,000 population), for its high use of beds (1,069.2 patient days per 10,000 population) although the average length of stay is low (2.6 days). This is attributable to the large number of same day separations for *Care involving dialysis* (Z49) and *Other medical care* (Z51) which includes chemotherapy (Table 8.8). *Mental and behavioural disorders* (F00–F99) is another high volume group (160,202 separations, 82.0 separations per 10,000 population) and has a high use of beds (993.5 patient days per 10,000 population) and had a long average length of stay (12.1 days).

In the private sector (Table 8.2), *Encounter with health service for specific procedure* (Z40–Z54) also recorded the highest number of separations (319,443). High numbers of separations were also reported for *Diseases of musculoskeletal and connective tissue* (M00–M99) (211,701) and *Diseases of the eye and adnexa* (H00–H59) (119,211). *Encounter with health service for specific procedures* (Z40–Z54) (811,943), *Diseases of musculoskeletal and connective tissue* (M00–M99) (711,677), and *Mental and behavioural disorders* (F00–F99) (611,648) recorded the highest numbers of patient days.

The groups with the highest proportions of separations in the public sector were *HIV disease* (B20–B24) (96.3% in the public sector, 263) and *Poisonings and toxic effects* (T36–T65) (95.2%, 35,338) (derived from Tables 8.1 and 8.2). The groups with the highest proportions of separations in the private sector were *Encounter relating to personal and family history* (Z80–Z99) (80.0% in the private sector, 22,179) and *Diseases of the oral cavity, salivary glands and jaws* (K00–K14) (72.1%, 86,062).

The highest proportion of public patients in public hospitals was for *HIV disease* (B20–B24, 95.8%), while the lowest was for *Injuries to thorax, abdomen, back, spine and pelvis* (S20–S39, 71.2%). The highest proportion of public patients in private hospitals was for *Poisoning and toxic effects* (T36–T65, 36.7%).

States and territories

Tables 8.3 and 8.4 contain detail on the pattern of hospital use in the states and territories for the diagnosis groups, in both the public and private sectors. These tables enable state by state comparisons of overall hospital use for the different diagnosis groups, and the share of separations between the private and public sectors. For example, the proportions of

separations for *Influenza and pneumonia* (J10–J18) in public hospitals (rather than private hospitals) was higher in New South Wales (91%, 18,510) than in Queensland (72%, 8,032).

Number of diagnosis codes

The National Hospital Morbidity Database contains data on principal diagnoses and additional diagnoses. Additional diagnoses include comorbidities (co-existing conditions) and/or complications which may contribute to longer lengths of stay, more intensive treatment or the use of greater resources. Ideally, the number of additional diagnoses recorded for a patient should be related to the person's clinical condition, and not be restricted by administrative or technical limitations. The Institute requested that the states and territories report a maximum of 31 diagnosis codes.

Table 8.5 presents information on the number of diagnosis codes (principal and additional) reported to the National Hospital Morbidity Database. There were marked differences between the states and territories in the maximum number of diagnoses reported; for example, in the public sector, 8 diagnoses for New South Wales and 31 for Queensland and Western Australia. However, the average number of diagnosis codes per separation varied little among the jurisdictions, for both the public and private sectors.

Overall, the average number of codes reported for the public sector was slightly higher than for the private sector. In the public sector 19.2% of records had five or more diagnosis codes (763,214), but in the private sector only 9.3% of records fell into this category (223,444). This may have occurred if more complicated cases were being treated in public hospitals, or because of differences in coding practices.

High volume diagnoses

Sector

Tables 8.6 to 8.10 and 8.12 to 8.17 present information on the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification.

Tables 8.6 to 8.10 contain summary separation, patient day and average length of stay statistics for the 30 diagnoses with the most separations in public, private and private free-standing day hospitals. Tables 8.6 to 8.9 also provide information on the top 30 diagnoses for overnight and same day separations in the public and private sectors.

In the public sector, the principal diagnosis group with the highest number of overnight separations was *Angina pectoris* (I20) (50,711), followed by *Care involving use of rehabilitation procedures* (Z50) (46,213) (Table 8.6). The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures* (Z50) (1,177,096) and the lowest for *Chronic diseases of tonsils and adenoids* (J35) (15,763), for which the average lengths of stay were 25.5 and 1.2 days, respectively.

In the private sector (Table 8.7), the most frequently reported principal diagnosis for overnight separations was *Care involving use of rehabilitation procedures* (Z50, 24,642), which also had the highest number of patient days and the longest average length of stay (435,989 and 17.7 days). *Sleep disorders* (G47) was the next most frequently reported principal diagnosis (24,197). The highest proportion of public patients in public hospitals was for *Schizophrenia* (F20, 98.1% public patients) and the lowest for *Fracture of lower leg including*

ankle (S82, 75.5%), whereas the highest proportion of public patients in private hospitals was for *Other chronic pulmonary disease* (J44, 10.2%).

Table 8.8 reports the principal diagnoses with the highest number of same day separations in the public sector. It shows that the top principal diagnosis group is *Care involving dialysis* (Z49, 545,067), followed by *Other medical care* (Z51, 124,601), 93.7% of which were for chemotherapy Z51.1 and Z51.2. Comparing this table to Table 8.6 it can be seen that the top 30 principal diagnoses are quite different, suggesting that there are differences in the types of principal diagnoses that are most commonly treated on a same day basis compared to those that are not.

In the private sector (Table 8.9), *Other medical care* (Z51, 125,366) had the highest number of same day separations, followed by *Care involving dialysis* (Z49, 88,928). In public hospitals, the highest proportion of same day separations that were for public patients was for *False labour* (O47, 95.5%), while the lowest was for *Other cataract* (H26, 78.1%). However, in private hospitals, the highest proportion of same day separations that were for public patients was for *Care involving dialysis* (Z49, 30.2%).

The most common principal diagnosis groups in private free-standing day hospitals were *Other medical care* (Z51, 26,026) and *Medical abortion* (O04, 21,839) (Table 8.10). The proportion of separations in private free-standing day hospital facilities that was for public patients was highest for *Care involving dialysis* (Z49, 42.0%).

Table 8.11 presents information on public psychiatric hospitals. Over 98% of separations in public psychiatric hospitals were for public patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00-F99, 90%). *Schizophrenia* (F20) was the most common diagnosis reported (3,961) and accounted for more patient days than any other group (359,178). The average length of stay was high for most of the disease groups and only 14.6% of separations (2,669) were same day separations, compared with 47.6% in public hospitals overall (Table 8.1).

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence the average length of stay data should be interpreted with caution, taking into consideration the inclusion of some very long stay and non-acute separations.

States and territories

There was some variation between the states and territories in the relative number of separations for the most common diagnoses (Tables 8.12 and 8.13). There was also some variation between the states and territories in the average length of stay for separations for the most common diagnosis (Tables 8.14 and 8.15). For example, in the public sector, the average length of stay for *Care involving use of rehabilitation procedures* (Z50) ranged from 7.0 days in the Northern Territory to 29.5 days in South Australia. In contrast, the average length of stay in the private sector for *Care involving use of rehabilitation procedures* (Z50) ranged from 4.7 days in Queensland to 23.2 days in Western Australia. However, for *Other cataract* (H26), the average length of stay was approximately 1.0 day for all jurisdictions in both sectors.

Age group and sex

In Tables 8.16 and 8.17, information is presented on the number of separations by age group by the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification for males and females. These tables show a number of different patterns in the

age distributions of separations for the various groups. For example, patients admitted for *Angina pectoris* (I20) were mostly in the older age groups. Other groups of diseases had a peak in the middle age groups, for example *Single spontaneous delivery* (O80) for females, *Internal derangement of knee* (M23) for males and *Embedded and impacted teeth* (K01) for both females and males.

These tables also indicate the relative importance of the disease groups as causes of hospitalisation for each sex and age group. For example, in the group of males over 75 years, common diagnoses were *Care involving dialysis* (Z49) and *Other medical care* (Z51). For females in the 1–4 years age group *Pneumonia, organism unspecified* (J18) and *Other disorders of the urinary system* (N39) were common diagnoses.

Indigenous status

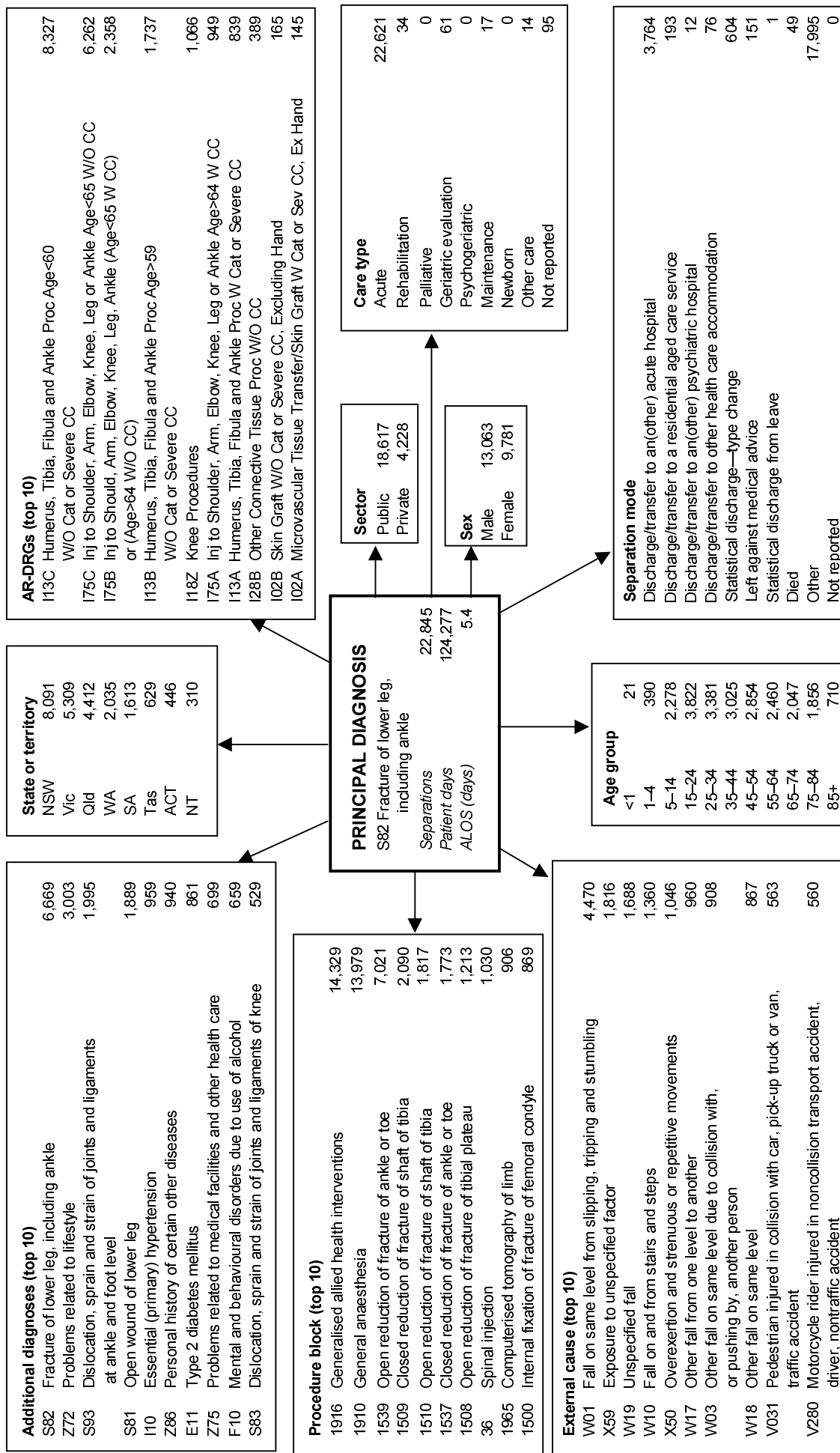
Table 8.18 reports separation statistics by Indigenous status for all hospitals. The most common principal diagnosis for separations identified as for Indigenous patients was *Care involving dialysis* (Z49, 63,206). This represented approximately 33% of all separations among patients identified as Indigenous compared to only 9% of separations among non-Indigenous patients. The next most common principal diagnosis reported was for *Injury, poisoning and certain other consequences of external causes* (S00–T98, 17,267) which represented 9% of all separations among patients identified as Indigenous.

The age-standardised separation rates for persons identified as Indigenous were relatively high for the majority of the principal diagnoses. As indicated in the rate ratios, persons identified as Indigenous were nearly five times more likely to be hospitalised with a principal diagnosis of *Infectious or parasitic disease* as non-Indigenous persons and were nearly seven times more likely to be hospitalised with a principal diagnosis of *Care involving dialysis*.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/> provide national summary statistics for public and private hospitals for each 3-character ICD-10-AM disease code.

For access to more diagnosis data, the Institute's web site also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information on the principal diagnoses of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average length of stay are available on all principal diagnoses of patients by age group, sex and same day status. Principal diagnosis information is available at the broader ICD-10-AM chapter level through to the more specific 5-character level (where appropriate). The source of these data is the National Hospital Morbidity Database.



Note: Main abbreviations: ALOS—average length of stay, Proc—procedures, Inj—injury, W—with, W/O—without, Cat—catastrophic, CC—complication or comorbidity, Ex—excluding.
Figure 8.1: Interrelationships of a principal diagnosis (S82 Fracture of lower leg, including ankle) with other data elements, all hospitals, Australia, 2001-02

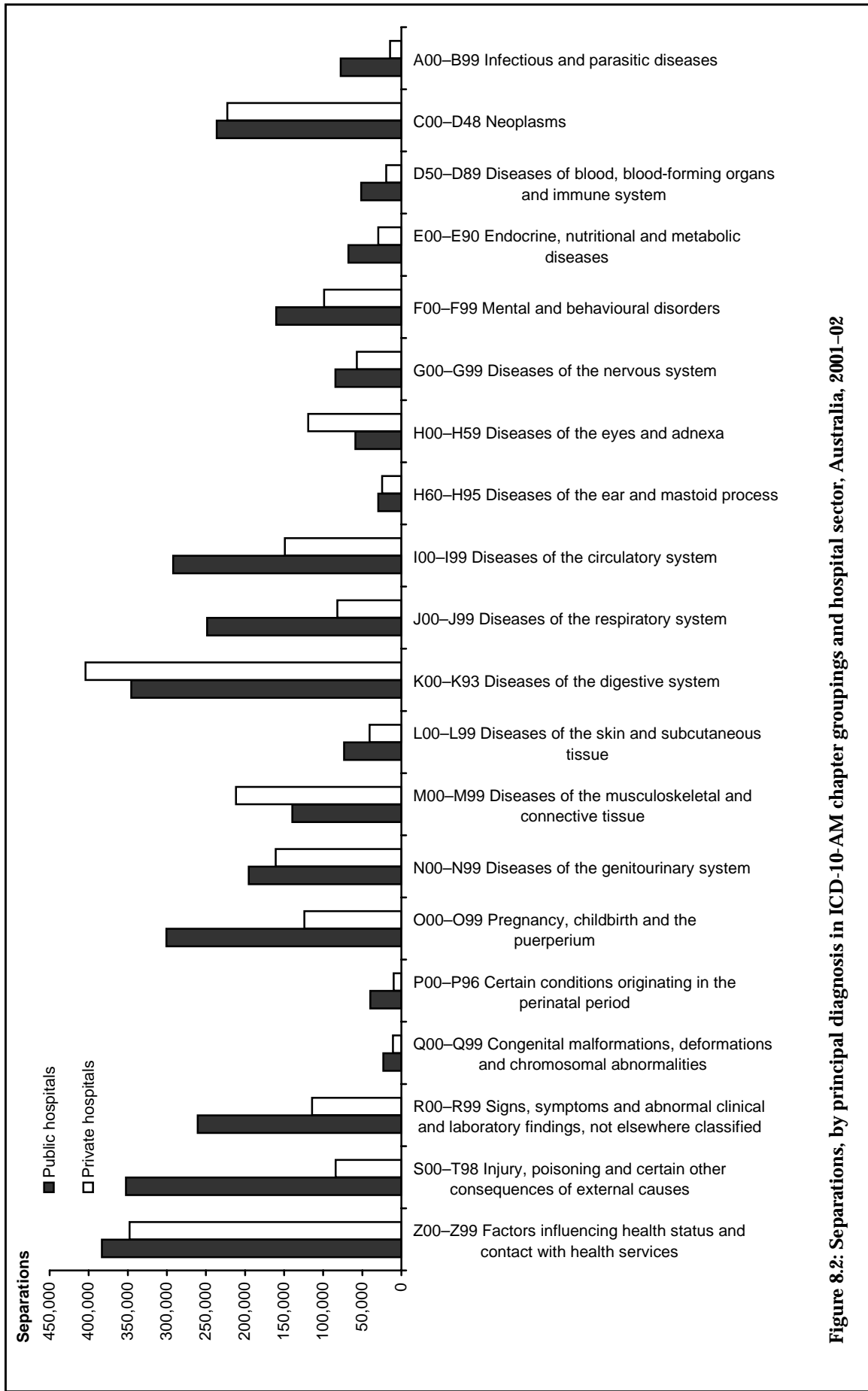


Figure 8.2: Separations, by principal diagnosis in ICD-10-AM chapter groupings and hospital sector, Australia, 2001-02

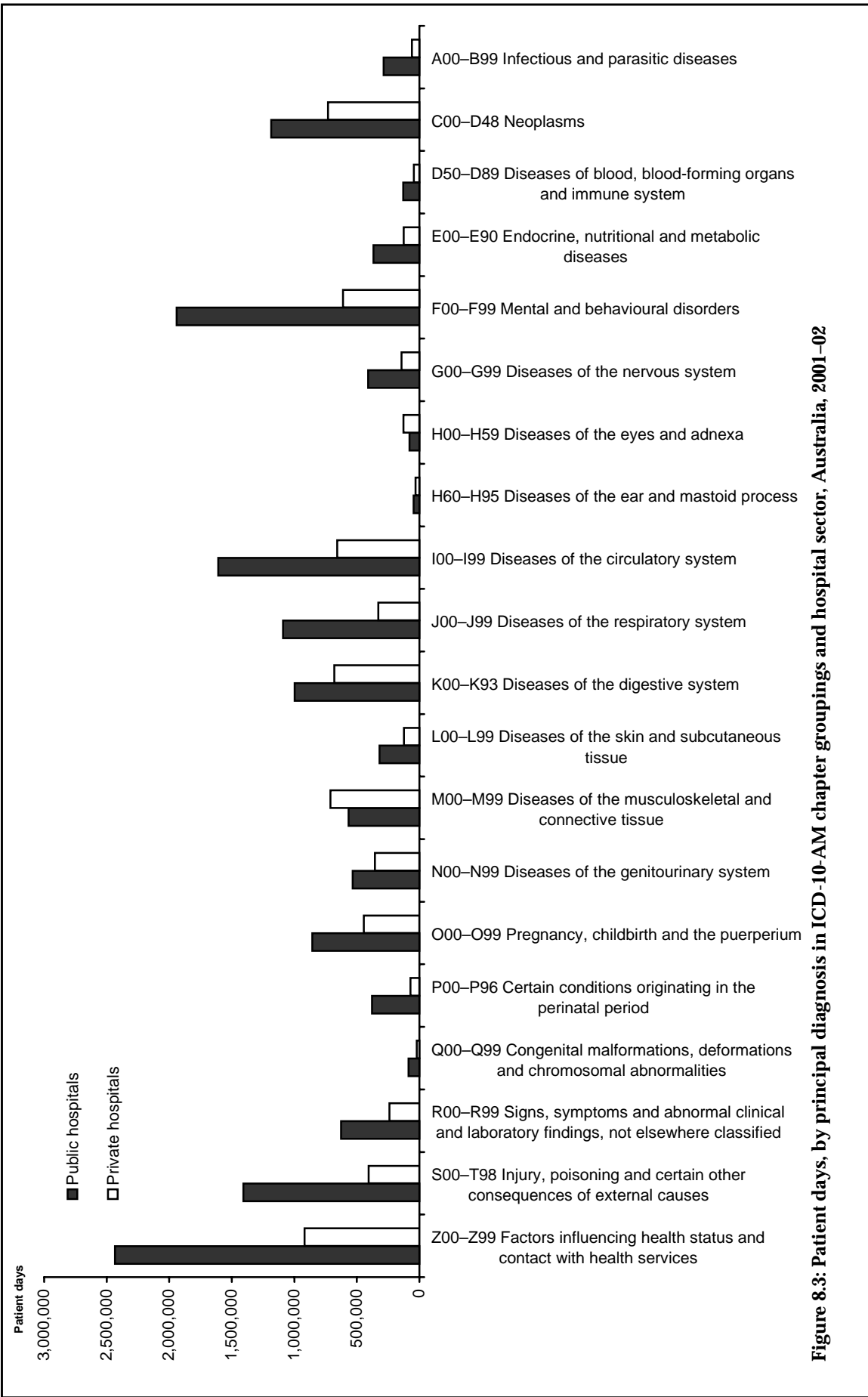


Table 8.1: Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, public hospitals, Australia, 2001-02

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00-A09	30,879	6,423	27,903	15.8	69,972	35.8	2.3	2.6
A15-A19	913	189	757	0.5	11,193	5.7	12.3	15.2
A20-A49	12,688	1,294	10,760	6.5	108,159	55.4	8.5	9.4
A50-A64	1,255	784	1,163	0.6	3,120	1.6	2.5	5.0
A65-B19	10,700	4,255	9,536	5.5	37,287	19.1	3.5	5.1
B20-B24	263	62	252	0.1	3,402	1.7	12.9	16.6
B25-B99	20,870	5,400	18,808	10.7	52,960	27.1	2.5	3.1
C00-C14	3,976	994	3,427	2.0	31,133	15.9	7.8	10.1
C15-C26	25,406	5,929	20,962	13.0	228,523	117.0	9.0	11.4
C30-C39	14,322	3,228	12,023	7.3	114,719	58.7	8.0	10.0
C40-C50	41,746	24,201	35,557	21.4	125,002	64.0	3.0	5.7
C51-C68	24,121	7,473	20,325	12.3	137,113	70.2	5.7	7.8
C69-C80	31,070	7,339	25,459	15.9	239,693	122.7	7.7	9.8
C81-C97	34,653	19,267	28,347	17.7	171,097	87.6	4.9	9.9
D00-D09	9,566	7,411	8,519	4.9	15,891	8.1	1.7	3.9
D10-D36	38,561	24,268	33,037	19.7	90,216	46.2	2.3	4.6
D37-D48	12,836	8,851	10,811	6.6	31,594	16.2	2.5	5.7
D50-D89	51,522	33,142	43,942	26.4	130,089	66.6	2.5	5.3
E00-E90	67,738	23,203	59,293	34.7	366,371	187.6	5.4	7.7
F00-F99	160,202	39,440	149,327	82.0	1,940,494	993.5	12.1	15.7
G00-G99	84,386	32,273	73,456	43.2	409,900	209.9	4.9	7.2
H00-H59	58,711	46,549	45,425	30.1	78,523	40.2	1.3	2.6
H60-H95	29,603	18,052	25,616	15.2	45,601	23.3	1.5	2.4
I00-I09	1,480	337	1,264	0.8	11,919	6.1	8.1	10.1
I10-I15	5,685	1,028	4,666	2.9	22,629	11.6	4.0	4.6
I20-I25	108,996	19,452	90,152	55.8	470,515	240.9	4.3	5.0
I26-I28	6,714	624	5,444	3.4	47,670	24.4	7.1	7.7
I30-I52	83,580	16,729	68,156	42.8	447,308	229.0	5.4	6.4
I60-I69	31,853	3,292	25,533	16.3	362,269	185.5	11.4	12.6
I70-I99	53,793	18,139	46,081	27.5	245,088	125.5	4.6	6.4
J00-J06	29,393	7,901	27,063	15.0	50,436	25.8	1.7	2.0
J10-J18	51,706	3,892	43,490	26.5	316,504	162.0	6.1	6.5
J20-J22	26,403	3,067	23,380	13.5	97,461	49.9	3.7	4.0
J30-J39	35,075	7,780	30,519	18.0	49,050	25.1	1.4	1.5
J40-J70	87,999	11,747	76,210	45.1	451,330	231.1	5.1	5.8
J80-J99	17,838	3,519	14,792	9.1	124,922	64.0	7.0	8.5
K00-K14	33,302	27,671	26,846	17.1	43,872	22.5	1.3	2.9
K20-K31	72,270	52,362	62,903	37.0	146,016	74.8	2.0	4.7

(continued)

Table 8.1 (continued): Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, public hospitals, Australia, 2001–02

Principal diagnosis	Separations			Separations per 10,000		Patient days	Patient days		ALOS (days) excluding same day
	Separations	Same day separations	Public patient separations	per 10,000 population	per 10,000 population		ALOS (days)	ALOS (days)	
K35–K38	18,177	1,186	15,664	9.3	58,381	29.9	3.2	3.4	
K40–K46	35,509	12,472	30,748	18.2	74,161	38.0	2.1	2.7	
K50–K52	27,715	12,919	24,267	14.2	77,849	39.9	2.8	4.4	
K55–K67	71,306	32,095	60,332	36.5	254,199	130.1	3.6	5.7	
K70–K87	61,725	10,026	54,372	31.6	267,588	137.0	4.3	5.0	
K90–K93	25,610	13,864	22,088	13.1	75,647	38.7	3.0	5.3	
L00–L99	73,449	27,926	64,852	37.6	319,497	163.6	4.3	6.4	
M00–M99	139,408	57,720	119,623	71.4	566,910	290.3	4.1	6.2	
N00–N39	84,234	28,449	73,430	43.1	316,981	162.3	3.8	5.2	
N40–N51	21,833	8,816	19,188	11.2	55,105	28.2	2.5	3.6	
N60–N64	5,793	3,687	5,109	3.0	8,981	4.6	1.6	2.5	
N70–N98	81,046	52,556	70,162	41.5	143,925	73.7	1.8	3.2	
N99	2,314	535	1,978	1.2	8,463	4.3	3.7	4.5	
O00–O09	42,150	29,395	37,025	21.6	49,754	25.5	1.2	1.6	
O10–O29	41,128	12,683	38,277	21.1	111,277	57.0	2.7	3.5	
O30–O82	191,781	21,726	174,953	98.2	634,118	324.7	3.3	3.6	
O85–O99	25,603	8,220	24,055	13.1	62,097	31.8	2.4	3.1	
P00–P96	39,651	4,563	35,876	20.3	378,139	193.6	9.5	10.6	
Q00–Q99	23,190	11,206	18,571	11.9	86,213	44.1	3.7	6.3	
R00–R99	260,589	110,677	228,448	133.4	625,453	320.2	2.4	3.4	
S00–S19	66,190	29,398	54,054	33.9	200,271	102.5	3.0	4.6	
S20–S39	30,278	6,616	21,553	15.5	183,346	93.9	6.1	7.5	
S40–S99	153,861	47,204	122,860	78.8	607,847	311.2	4.0	5.3	
T00–T19	7,664	3,973	6,595	3.9	13,359	6.8	1.7	2.5	
T20–T35	6,669	1,895	5,687	3.4	36,912	18.9	5.5	7.3	
T36–T65	35,338	12,464	33,492	18.1	71,384	36.5	2.0	2.6	
T66–T79	7,386	2,987	6,393	3.8	16,398	8.4	2.2	3.0	
T80–T88	44,888	10,302	37,734	23.0	276,347	141.5	6.2	7.7	
T89–T98	215	43	180	0.1	660	0.3	3.1	3.6	
Z00–Z13	45,062	39,518	39,877	23.1	54,335	27.8	1.2	2.7	
Z20–Z29	3,641	3,388	3,195	1.9	4,424	2.3	1.2	4.1	
Z30–Z39	36,387	22,942	30,996	18.6	61,282	31.4	1.7	2.9	
Z40–Z54	809,578	739,486	715,538	414.5	2,088,282	1,069.2	2.6	19.2	
Z55–Z76	29,848	3,748	26,349	15.3	769,179	393.8	25.8	29.3	
Z80–Z99	5,557	5,341	4,665	2.8	5,985	3.1	1.1	3.0	
Not reported	1,462	649	1,271	0.7	372,567	190.8	254.8	457.5	
Total	3,968,309	1,888,242	3,440,661	2,031.8	16,266,357	8,328.3	4.1	6.9	

Note: Abbreviations: ALOS—average length of stay, mal.—malignant, dis.—diseases.

Table 8.2: Selected separation statistics by principal diagnosis in ICD10AM groupings, private hospitals, Australia, 2001–02

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00–A09	4,724	952	480	2.4	13,134	6.7	2.8	3.2
A15–A19	90	32	3	0.0	831	0.4	9.2	13.8
A20–A49	2,261	143	148	1.2	22,568	11.6	10.0	10.6
A50–A64	638	551	53	0.3	831	0.4	1.3	3.2
A65–B19	2,600	1,327	150	1.3	9,971	5.1	3.8	6.8
B20–B24	10	0	2	0.0	127	0.1	12.7	12.7
B25–B99	4,020	1,242	323	2.1	11,765	6.0	2.9	3.8
C00–C14	1,314	463	57	0.7	7,101	3.6	5.4	7.8
C15–C26	18,306	6,568	863	9.4	132,285	67.7	7.2	10.7
C30–C39	5,294	1,193	497	2.7	39,903	20.4	7.5	9.4
C40–C50	62,082	42,825	1,238	31.8	126,710	64.9	2.0	4.4
C51–C68	22,642	8,316	777	11.6	97,870	50.1	4.3	6.3
C69–C80	16,175	3,746	965	8.3	117,930	60.4	7.3	9.2
C81–C97	15,748	9,268	431	8.1	57,786	29.6	3.7	7.5
D00–D09	10,309	7,709	272	5.3	16,920	8.7	1.6	3.5
D10–D36	62,249	45,634	1,476	31.9	115,532	59.2	1.9	4.2
D37–D48	8,637	5,589	308	4.4	19,081	9.8	2.2	4.4
D50–D89	19,373	12,911	1,015	9.9	44,099	22.6	2.3	4.8
E00–E90	29,545	10,843	1,107	15.1	124,948	64.0	4.2	6.1
F00–F99	98,763	67,669	1,959	50.6	611,648	313.2	6.2	17.5
G00–G99	56,874	17,859	1,831	29.1	143,448	73.4	2.5	3.2
H00–H59	119,211	101,594	2,342	61.0	127,044	65.0	1.1	1.4
H60–H99	24,747	18,207	627	12.7	31,478	16.1	1.3	2.0
I00–I09	778	213	5	0.4	5,823	3.0	7.5	9.9
I10–I15	1,738	135	82	0.9	8,996	4.6	5.2	5.5
I20–I25	50,576	11,885	1,736	25.9	205,013	105.0	4.1	5.0
I26–I28	1,766	75	76	0.9	14,156	7.2	8.0	8.3
I30–I52	32,647	6,593	1,255	16.7	179,370	91.8	5.5	6.6
I60–I69	8,398	404	490	4.3	90,097	46.1	10.7	11.2
I70–I99	53,034	24,147	1,600	27.2	154,083	78.9	2.9	4.5
J00–J06	3,411	431	523	1.7	8,809	4.5	2.6	2.8
J10–J18	11,211	247	902	5.7	88,054	45.1	7.9	8.0
J20–J22	3,972	159	504	2.0	23,734	12.2	6.0	6.2
J30–J39	43,446	9,790	1,041	22.2	52,045	26.6	1.2	1.3
J40–J70	14,957	935	1,567	7.7	123,833	63.4	8.3	8.8
J80–J99	4,874	816	255	2.5	32,644	16.7	6.7	7.8
K00–K14	86,062	77,960	499	44.1	91,111	46.6	1.1	1.6
K20–K31	107,993	101,273	2,103	55.3	132,565	67.9	1.2	4.7

(continued)

Table 8.2 (continued): Selected separation statistics by principal diagnosis in ICD-10-AM groupings, private hospitals, Australia, 2001–02

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS excluding same day
K35–K38 Appendicitis	5,652	89	512	2.9	17,948	9.2	3.2	3.2
K40–K46 Hernias	43,232	14,629	1,170	22.1	78,714	40.3	1.8	2.2
K50–K52 Non-infective enteritis and colitis	20,890	15,914	635	10.7	44,925	23.0	2.2	5.8
K55–K67 Other diseases of intestines	89,138	69,430	2,303	45.6	177,297	90.8	2.0	5.5
K70–K87 Diseases of liver, gallbladder and pancreas	28,374	1,997	1,614	14.5	96,242	49.3	3.4	3.6
K90–K93 Other diseases of digestive system	22,699	18,638	563	11.6	41,013	21.0	1.8	5.5
L00–L99 Diseases of skin and subcutaneous tissue	40,636	26,816	1,536	20.8	124,057	63.5	3.1	7.0
M00–M99 Diseases of musculoskeletal and connective tissue	211,701	88,973	5,313	108.4	711,677	364.4	3.4	5.1
N00–N39 Diseases of the urinary system	48,907	23,306	2,287	25.0	131,103	67.1	2.7	4.2
N40–N51 Diseases of the male genital organs	22,150	9,862	840	11.3	52,814	27.0	2.4	3.5
N60–N64 Diseases of the breast	8,285	4,211	155	4.2	12,723	6.5	1.5	2.1
N70–N98 Diseases of the female pelvic organs and genital tract	79,724	53,418	2,682	40.8	151,365	77.5	1.9	3.7
N99 Other disorders of the genitourinary system	1,860	276	103	1.0	6,892	3.5	3.7	4.2
O00–O09 Pregnancy with abortive outcome	37,567	35,035	883	19.2	38,874	19.9	1.0	1.5
O10–O29 Complications relating to pregnancy	8,977	611	732	4.6	38,389	19.7	4.3	4.5
O30–O82 Complications relating to labour and delivery	70,736	3,010	3,902	36.2	344,173	176.2	4.9	5.0
O85–O99 Complications relating to the puerperium	6,927	1,637	594	3.5	22,410	11.5	3.2	3.9
P00–P96 Conditions originating in the perinatal period	10,697	504	496	5.1	72,026	36.9	7.2	7.5
Q00–Q99 Congenital abnormalities	114,351	69,778	4,463	58.5	240,314	123.0	2.1	3.8
R00–R99 Signs, symptoms and abnormal findings	7,445	3,569	681	3.8	20,137	10.3	2.7	4.3
S00–S19 Injuries to head and neck	5,196	351	401	2.7	50,885	26.1	9.8	10.4
S20–S39 Injuries to thorax, abdomen, back, spine and pelvis	42,516	12,172	2,068	21.8	175,773	90.0	4.1	5.4
S40–S99 Injuries to upper and lower limbs	1,540	820	98	0.8	3,849	2.0	2.5	4.2
T00–T19 Injuries to multi- or unspecified region; foreign body effects	452	111	37	0.2	2,320	1.2	5.1	6.5
T20–T35 Burns and frostbite	1,784	393	655	0.9	5,834	3.0	3.3	3.9
T36–T65 Poisoning and toxic effects	1,042	499	92	0.5	3,055	1.6	2.9	4.7
T66–T79 Other and unspecified effects of external causes	24,025	4,525	758	12.3	144,467	74.0	6.0	7.2
T80–T88 Complications of medical and surgical care	24	11	0	0.0	92	0.0	3.8	6.2
T89–T98 Other trauma complications; external cause sequelae	51,297	48,858	1,173	26.3	53,183	27.2	1.0	1.8
Z00–Z13 Encounter for examination and investigation	514	487	26	0.3	559	0.3	1.1	2.7
Z20–Z29 Encounter relating to communicable diseases	40,483	34,981	829	20.7	55,751	28.5	1.4	3.8
Z30–Z39 Encounter for services relating to reproduction	319,443	272,626	36,401	163.6	811,943	415.7	2.5	11.5
Z40–Z54 Encounter with health service for specific procedures	3,173	1,112	562	1.6	63,365	32.4	20.0	30.2
Z55–Z76 Encounter with health service in other circumstances	22,179	22,025	255	11.4	22,296	11.4	1.0	1.8
Z80–Z99 Encounter relating to personal and family history	12,074	6,678	180	6.2	35,461	18.2	2.9	5.3
Not reported								
Total	2,426,189	1,453,096	104,766	1,242.2	6,957,405	3,562.2	2.9	5.7

Note: Abbreviations: ALOS—average length of stay, mal.—malignant, dis.—diseases.

Table 8.3: Separations, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories, 2001–02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–A09 Intestinal infectious diseases	12,677	5,273	5,852	2,480	2,428	587	501	1,081	30,879
A15–A19 Tuberculosis	404	213	119	59	47	12	7	52	913
A20–A49 Zoonotic and other bacterial diseases	4,479	3,119	2,362	969	940	281	194	344	12,688
A50–A64 Predominantly sexually transmitted diseases	365	290	243	136	113	16	18	74	1,255
A65–B19 Other spirochaetal, chlamydial, rickettsial and viral diseases	3,601	2,720	1,904	1,033	1,006	196	95	145	10,700
B20–B24 HIV disease	97	36	31	12	76	4	7	0	263
B25–B99 Other and unspecified infectious and parasitic diseases	8,164	4,502	3,736	1,953	1,511	431	233	340	20,870
C00–C14 Mal. neoplasm of lip, oral cavity and pharynx	1,229	1,111	843	249	342	85	68	49	3,976
C15–C26 Mal. neoplasm of digestive system	9,144	6,935	3,879	1,802	2,526	606	413	101	25,406
C30–C39 Mal. neoplasm of respiratory and intrathoracic organs	4,720	3,612	2,880	1,096	1,352	414	155	93	14,322
C40–C50 Mal. neoplasm of bone, connective tissue and breast	12,038	9,997	9,667	3,426	5,265	799	401	153	41,746
C51–C68 Mal. neoplasm of genitourinary organs	8,131	6,801	3,889	1,727	2,563	596	337	77	24,121
C69–C80 Other and unspecified mal. neoplasms	9,521	10,608	5,051	2,148	2,366	848	441	87	31,070
C81–C97 Mal. neoplasms of lymphoid and haematopoietic tissue	8,764	12,569	6,040	2,586	3,237	809	596	52	34,653
D00–D09 Neoplasms in situ	2,576	2,169	2,651	692	1,024	201	111	142	9,566
D10–D36 Benign neoplasms	4,176	10,032	6,078	4,184	3,810	606	600	277	38,561
D37–D48 Neoplasms of unknown or uncertain behaviour	14,414	15,904	8,384	5,002	5,617	989	873	339	51,522
D50–D89 Dis. of blood and blood-forming organs and immune mechanism	18,399	20,245	10,681	5,995	7,839	1,752	1,742	1,085	67,738
E00–E90 Endocrine, nutritional and metabolic diseases	56,848	37,222	28,914	15,465	14,945	4,304	1,494	1,010	160,202
F00–F99 Mental and behavioural disorders	26,156	26,957	12,984	7,225	8,019	1,695	804	546	84,386
G00–G99 Diseases of the nervous system	20,031	16,586	7,652	5,743	7,094	334	689	582	58,711
H00–H59 Diseases of the eye and adnexa	7,926	8,209	6,131	3,145	3,095	377	394	326	29,603
H60–H99 Diseases of ear and mastoid process	354	276	380	187	101	41	22	119	1,480
I00–I09 Rheumatic heart disease	2,423	1,228	935	481	449	104	31	34	5,685
I10–I15 Hypertensive heart disease	38,693	25,825	21,020	8,168	9,946	2,577	2,026	741	108,996
I20–I25 Ischaemic heart disease	3,217	1,315	934	420	524	127	145	32	6,714
I26–I28 Pulmonary heart disease	30,720	21,669	14,065	6,379	6,961	1,946	1,199	641	83,580
I30–I52 Other heart disease	12,211	8,590	4,831	2,346	2,504	717	439	215	31,853
I60–I69 Cerebrovascular disease	18,121	14,411	8,370	4,736	5,820	976	1,000	359	53,793
I70–I99 Other diseases of the circulatory system	11,071	5,923	6,079	2,840	2,320	484	309	367	29,393
J00–J06 Acute upper respiratory infections	18,510	12,806	8,032	4,413	4,834	931	682	1,498	51,706
J10–J18 Influenza and pneumonia	9,977	4,965	4,801	2,933	2,351	382	260	734	26,403
J20–J22 Acute lower respiratory infections	9,388	11,742	5,459	3,161	4,166	489	438	232	35,075
J30–J39 Other diseases of upper respiratory tract	33,467	20,791	14,171	7,328	8,763	1,583	792	1,104	87,999
J40–J70 Chronic lower respiratory diseases	6,875	4,028	2,990	1,370	1,743	454	221	157	17,838
J80–J99 Other respiratory diseases	7,319	10,626	7,281	2,888	3,526	798	347	517	33,302
K00–K14 Diseases of oral cavity, salivary glands and jaws	23,498	18,111	12,126	7,938	7,669	993	1,199	736	72,270
K20–K31 Diseases of oesophagus, stomach and duodenum									

(continued)

Table 8.3 (continued): Separations, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories, 2001–02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
K35–K38 Appendicitis	6,406	4,363	3,381	1,749	1,253	376	420	229	18,177
K40–K46 Hernias	11,858	9,982	6,437	2,894	3,145	570	369	254	35,509
K50–K52 Non-infective enteritis and colitis	9,133	7,806	4,803	2,456	2,401	531	440	145	27,715
K55–K67 Other diseases of intestines	25,028	17,742	12,113	6,946	6,828	1,223	963	463	71,306
K70–K87 Diseases of liver, gallbladder and pancreas	22,398	15,714	10,926	4,612	5,052	1,281	1,013	729	61,725
K90–K93 Other diseases of digestive system	9,067	6,871	4,497	2,164	2,066	379	362	204	25,610
L00–L99 Diseases of skin and subcutaneous tissue	22,667	16,326	14,128	6,596	9,477	1,724	676	1,855	73,449
M00–M99 Diseases of musculoskeletal and connective tissue	43,719	38,077	22,387	13,303	14,480	4,100	2,047	1,295	139,408
N00–N39 Diseases of the urinary system	30,388	21,536	14,492	7,337	7,117	1,535	967	862	84,234
N40–N51 Diseases of the male genital organs	7,255	6,252	3,221	2,129	2,028	421	298	229	21,833
N60–N64 Diseases of the breast	1,538	1,770	988	638	592	119	55	93	5,793
N70–N98 Diseases of the female pelvic organs and genital tract	24,894	23,296	15,073	6,801	7,824	1,252	1,079	827	81,046
N99 Other disorders of the genitourinary system	880	576	322	215	232	61	21	7	2,314
O00–O09 Pregnancy with abortive outcome	11,563	12,153	5,295	3,273	7,342	704	424	1,396	42,150
O10–O29 Complications relating to pregnancy	14,812	11,142	7,420	2,787	3,203	692	398	674	41,128
O30–O82 Complications relating to labour and delivery	66,749	45,808	38,256	15,930	14,910	3,791	2,945	3,392	191,781
O85–O99 Complications relating to the puerperium	7,909	6,660	4,270	2,170	3,149	442	280	723	25,603
P00–P96 Conditions originating in the perinatal period	12,133	12,389	6,587	2,382	3,286	1,347	735	792	39,651
Q00–Q99 Congenital abnormalities	8,187	6,306	3,761	2,060	1,833	470	371	202	23,190
R00–R99 Signs, symptoms and abnormal findings	90,662	78,828	43,157	18,071	20,446	4,136	2,710	2,579	260,589
S00–S19 Injuries to head and neck	22,394	15,862	14,202	6,177	4,747	1,059	632	1,117	66,190
S20–S39 Injuries to thorax, abdomen, back, spine and pelvis	11,061	7,836	5,279	2,568	2,171	505	381	477	30,278
S40–S99 Injuries to upper and lower limbs	56,148	38,065	29,352	12,269	10,140	2,816	2,380	2,691	153,861
T00–T19 Injuries to multi- or unspecified region; foreign body effects	2,659	1,593	1,993	526	553	139	101	100	7,664
T20–T35 Burns and frostbite	2,109	1,260	1,509	791	584	153	55	208	6,669
T36–T65 Poisoning and toxic effects	11,108	9,050	7,665	2,990	3,136	735	371	283	35,338
T66–T79 Other and unspecified effects of external causes	2,245	1,261	1,980	922	634	157	40	147	7,386
T80–T88 Complications of medical and surgical care	14,455	11,661	8,009	4,385	3,889	1,140	685	664	44,888
T89–T98 Other trauma complications; external cause sequelae	93	0	65	44	0	1	8	4	215
Z00–Z13 Encounter for examination and investigation	12,518	11,713	8,646	5,184	5,331	740	658	272	45,062
Z20–Z29 Encounter relating to communicable diseases	907	826	808	822	106	133	6	33	3,641
Z30–Z39 Encounter for services relating to reproduction	13,985	9,809	4,097	2,749	4,232	492	172	851	36,387
Z40–Z54 Encounter with health service for specific procedures	199,954	257,904	138,612	82,975	68,740	16,855	19,913	24,625	809,578
Z55–Z76 Encounter with health service in other circumstances	10,455	7,852	6,075	1,815	2,680	493	125	353	29,848
Z80–Z99 Encounter relating to personal and family history	2,651	796	924	203	629	87	203	64	5,557
Not reported	1,051	183	0	0	1	62	0	165	1,462
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309

Note: Abbreviations: mal.—malignant, dis.—diseases.

Table 8.4: Separations, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories, 2001-02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-A09 Intestinal infectious diseases	997	641	2,034	582	291	n.p.	n.p.	..	4,724
A15-A19 Tuberculosis	29	n.p.	16	15	11	n.p.	n.p.	..	90
A20-A49 Zoonotic and other bacterial diseases	390	638	678	238	215	83	19	..	2,261
A50-A64 Predominantly sexually transmitted diseases	257	101	137	56	39	n.p.	n.p.	..	638
A65-B19 Other spirochaetal, chlamydial, rickettsial and viral diseases	713	550	645	331	230	116	15	..	2,600
B20-B24 HIV disease	0	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	..	10
B25-B99 Other and unspecified infectious and parasitic diseases	796	687	1,489	579	318	140	11	..	4,020
C00-C14 Mal. neoplasm of lip, oral cavity and pharynx	355	230	329	171	152	n.p.	n.p.	..	1,314
C15-C26 Mal. neoplasm of digestive system	4,632	4,755	4,425	1,852	1,824	551	267	..	18,306
C30-C39 Mal. neoplasm of respiratory and intrathoracic organs	978	1,506	1,303	713	576	n.p.	n.p.	..	5,294
C40-C50 Mal. neoplasm of bone, connective tissue and breast	18,647	11,806	17,423	4,845	6,491	1,619	1,251	..	62,082
C51-C68 Mal. neoplasm of genitourinary organs	7,016	5,793	4,718	2,353	1,593	711	458	..	22,642
C69-C80 Other and unspecified mal. neoplasms	3,079	4,815	4,183	2,122	1,268	510	198	..	16,175
C81-C97 Mal. neoplasms of lymphoid and haematopoietic tissue	1,811	4,886	6,398	1,149	1,005	346	153	..	15,748
D00-D09 Neoplasms in situ	3,190	1,625	2,664	792	1,393	486	159	..	10,309
D10-D36 Benign neoplasms	21,298	12,013	14,446	6,723	5,273	1,749	747	..	62,249
D37-D48 Neoplasms of unknown or uncertain behaviour	2,161	1,870	2,852	682	678	263	131	..	8,637
D50-D89 Dis. of blood and blood-forming organs and immune mechanism	4,282	5,000	5,695	2,126	1,513	609	148	..	19,373
E00-E90 Endocrine, nutritional and metabolic diseases	7,049	7,718	6,888	3,272	3,203	995	420	..	29,545
F00-F99 Mental and behavioural disorders	28,829	30,601	27,731	4,395	3,146	n.p.	n.p.	..	98,763
G00-G99 Diseases of the nervous system	17,787	13,800	13,029	4,300	5,272	2,221	465	..	56,874
H00-H59 Diseases of the eye and adnexa	42,475	23,598	28,485	10,371	8,808	4,420	1,054	..	119,211
H60-H99 Diseases of ear and mastoid process	7,032	5,251	4,933	3,276	3,264	n.p.	n.p.	..	24,747
I00-I09 Rheumatic heart disease	276	184	234	42	21	n.p.	n.p.	..	778
I10-I15 Hypertensive heart disease	338	358	657	132	167	68	18	..	1,738
I20-I25 Ischaemic heart disease	15,410	12,915	11,979	4,594	3,489	n.p.	n.p.	..	50,576
I26-I28 Pulmonary heart disease	413	436	481	165	187	56	28	..	1,766
I30-I52 Other heart disease	7,674	9,023	8,590	3,038	3,019	n.p.	n.p.	..	32,647
I60-I69 Cerebrovascular disease	1,745	2,157	2,422	805	900	305	64	..	8,398
I70-I99 Other diseases of the circulatory system	16,778	13,798	10,675	5,498	4,108	1,525	652	..	53,034
J00-J06 Acute upper respiratory infections	776	456	1,217	630	206	115	11	..	3,411
J10-J18 Influenza and pneumonia	1,843	3,056	3,113	1,414	1,186	460	139	..	11,211
J20-J22 Acute lower respiratory infections	722	742	1,384	622	341	n.p.	n.p.	..	3,972
J30-J39 Other diseases of upper respiratory tract	14,371	9,050	8,471	4,925	4,969	n.p.	n.p.	..	43,446
J40-J70 Chronic lower respiratory diseases	2,589	3,266	4,621	2,180	1,457	728	116	..	14,957
J80-J99 Other respiratory diseases	1,103	1,041	1,339	561	534	222	74	..	4,874
K00-K14 Diseases of oral cavity, salivary glands and jaws	23,863	21,731	17,844	12,545	7,111	n.p.	n.p.	..	86,062
K20-K31 Diseases of oesophagus, stomach and duodenum	32,126	27,578	27,913	10,115	7,653	2,424	184	..	107,993
K35-K38 Appendicitis	1,192	1,079	1,770	881	449	n.p.	n.p.	..	5,652

(continued)

Table 8.4 (continued): Separations, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories, 2001-02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
K40-K46 Hernias	13,610	11,658	9,378	3,800	3,103	1,060	623	..	43,232
K50-K52 Non-infective enteritis and colitis	5,590	5,037	5,636	2,216	1,623	704	84	..	20,890
K55-K67 Other diseases of intestines	25,935	22,205	24,599	7,563	6,421	2,045	370	..	89,138
K70-K87 Diseases of liver, gallbladder and pancreas	8,269	6,102	6,816	3,152	2,580	901	554	..	28,374
K90-K93 Other diseases of digestive system	6,656	5,423	6,287	2,199	1,457	n.p.	n.p.	..	22,699
L00-L99 Diseases of skin and subcutaneous tissue	11,422	8,803	9,777	4,055	4,128	1,930	521	..	40,636
M00-M99 Diseases of musculoskeletal and connective tissue	61,602	51,728	37,064	29,390	21,871	6,954	3,092	..	211,701
N00-N39 Diseases of the urinary system	14,136	10,605	12,724	4,988	4,297	1,466	691	..	48,907
N40-N51 Diseases of the male genital organs	7,444	5,304	4,283	2,434	1,482	n.p.	n.p.	..	22,150
N60-N64 Diseases of the breast	2,467	2,197	1,434	1,014	788	216	169	..	8,285
N70-N98 Diseases of the female pelvic organs and genital tract	24,436	15,905	19,416	9,403	6,442	n.p.	n.p.	..	79,724
N99 Other disorders of the genitourinary system	662	309	392	248	129	n.p.	n.p.	..	1,860
O00-O09 Pregnancy with abortive outcome	13,333	10,397	7,934	4,300	899	n.p.	n.p.	..	37,567
O10-O29 Complications relating to pregnancy	2,751	1,715	2,038	1,401	473	n.p.	n.p.	..	8,977
O30-O82 Complications relating to labour and delivery	22,497	13,778	15,793	9,839	4,841	n.p.	n.p.	..	70,736
O85-O99 Complications relating to the puerperium	1,606	1,820	1,399	1,050	464	n.p.	n.p.	..	6,927
P00-P96 Conditions originating in the perinatal period	2,234	2,512	1,832	1,900	697	n.p.	n.p.	..	9,983
Q00-Q99 Congenital abnormalities	3,733	2,199	2,063	1,277	889	n.p.	n.p.	..	10,697
R00-R99 Signs, symptoms and abnormal findings	26,245	30,264	30,216	14,362	8,712	3,711	841	..	114,351
S00-S19 Injuries to head and neck	1,620	1,652	2,081	993	670	347	82	..	7,445
S20-S39 Injuries to thorax, abdomen, back, spine and pelvis	1,140	1,165	1,538	663	450	212	28	..	5,196
S40-S99 Injuries to upper and lower limbs	11,417	9,543	9,762	5,096	4,808	1,429	461	..	42,516
T00-T19 Injuries to multi- or unspecified region; foreign body effects	385	287	485	177	122	74	10	..	1,540
T20-T35 Burns and frostbite	87	95	130	71	50	13	6	..	452
T36-T65 Poisoning and toxic effects	244	243	563	506	85	n.p.	n.p.	..	1,784
T66-T79 Other and unspecified effects of external causes	156	105	502	134	71	n.p.	n.p.	..	1,042
T80-T88 Complications of medical and surgical care	6,520	5,520	5,738	2,878	2,298	741	330	..	24,025
T89-T98 Other trauma complications; external cause sequelae	6	0	n.p.	n.p.	0	0	0	..	24
Z00-Z13 Encounter for examination and investigation	17,601	11,884	11,068	6,730	2,666	1,144	204	..	51,297
Z20-Z29 Encounter relating to communicable diseases	36	81	301	13	n.p.	n.p.	n.p.	..	514
Z30-Z39 Encounter for services relating to reproduction	17,241	10,626	5,956	2,631	1,683	n.p.	n.p.	..	40,483
Z40-Z54 Encounter with health service for specific procedures	76,785	69,098	96,037	39,783	29,754	n.p.	n.p.	..	319,443
Z55-Z76 Encounter with health service in other circumstances	447	236	955	1,369	81	n.p.	n.p.	..	3,173
Z80-Z99 Encounter relating to personal and family history	9,201	4,827	5,654	397	1,372	n.p.	n.p.	..	22,179
Not reported	6	11,742	0	0	0	326	0	..	12,074
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

Note: Abbreviations: mal.—malignant; dis.—diseases.

.. not available.

n.p. not published.

Table 8.5: Separations, by number of diagnoses^(a) reported and hospital sector, states and territories, 2001–02

Hospital sector	Number								Total
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	
Public hospitals									
Separations ^(b)	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
One diagnosis code only	79,444	339,736	230,030	87,935	111,590	16,184	24,236	10,291	899,446
Two diagnosis codes only	341,301	341,778	190,807	128,265	109,143	21,995	14,444	32,664	1,180,397
Three diagnosis codes only	327,880	165,327	104,646	51,595	47,171	12,445	9,149	7,227	725,440
Four diagnosis codes only	169,090	90,910	61,570	29,418	28,933	8,579	5,129	4,725	398,354
Five or more diagnosis codes	344,955	151,930	107,668	55,546	65,496	20,222	8,987	8,410	763,214
Mean diagnosis codes per separation	3.7	2.7	2.8	2.9	2.9	3.6	2.6	2.7	3.1
Maximum number of diagnosis codes	8	25	31	31	26	30	25	28	n.a.
Private hospitals									
Separations ^(b)	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189
One diagnosis code only	267,409	236,047	197,909	96,873	70,793	28,711	8,671	..	906,413
Two diagnosis codes only	205,567	167,096	179,447	89,286	62,013	20,138	8,590	..	732,137
Three diagnosis codes only	104,436	82,985	101,949	38,255	29,260	10,322	4,397	..	371,604
Four diagnosis codes only	52,101	38,702	49,819	17,708	14,803	5,122	2,262	..	180,517
Five or more diagnosis codes	63,023	43,264	63,950	23,010	20,901	6,030	3,266	..	223,444
Mean diagnosis codes per separation	2.3	2.2	2.5	2.3	2.4	2.3	2.6	..	2.3
Maximum number of diagnosis codes	8	25	31	31	24	25	22	..	n.a.
	Per cent								
Public hospitals									
One diagnosis code only	6.3	31.2	33.1	24.9	30.8	20.4	39.1	16.3	22.7
Two diagnosis codes only	27.0	31.4	27.5	36.4	30.1	27.7	23.3	51.6	29.8
Three diagnosis codes only	26.0	15.2	15.1	14.6	13.0	15.7	14.8	11.4	18.3
Four diagnosis codes only	13.4	8.3	8.9	8.3	8.0	10.8	8.3	7.5	10.0
Five or more diagnosis codes	27.3	13.9	15.5	15.7	18.1	25.5	14.5	13.3	19.2
Private hospitals									
One diagnosis code only	38.6	41.6	33.4	36.5	35.8	40.8	31.9	..	37.5
Two diagnosis codes only	29.7	29.4	30.3	33.7	31.4	28.6	31.6	..	30.3
Three diagnosis codes only	15.1	14.6	17.2	14.4	14.8	14.7	16.2	..	15.4
Four diagnosis codes only	7.5	6.8	8.4	6.7	7.5	7.3	8.3	..	7.5
Five or more diagnosis codes	9.1	7.6	10.8	8.7	10.6	8.6	12.0	..	9.3

(a) Codes reporting external causes of injury and poisoning are not included.

(b) Includes separations for which no diagnosis codes were reported.

Note: The Institute requested up to 31 diagnosis codes to be reported.

.. not available.

n.a. not applicable.

Table 8.6: Selected separation statistics for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, public hospitals, Australia, 2001–02

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)
I20 Angina pectoris	50,711	42,054	26.0	206,831	105.9	4.1
Z50 Care involving use of rehabilitation procedures	46,213	36,573	23.7	1,177,096	602.7	25.5
J18 Pneumonia, organism unspecified	40,296	33,812	20.6	256,195	131.2	6.4
J44 Other chronic obstructive pulmonary disease	38,561	31,995	19.7	290,785	148.9	7.5
R07 Pain in throat and chest	36,979	31,866	18.9	77,448	39.7	2.1
O70 Perineal laceration during delivery	32,988	29,935	16.9	102,753	52.6	3.1
I50 Heart failure	30,095	24,224	15.4	243,255	124.5	8.1
K80 Cholelithiasis	29,421	26,285	15.1	103,026	52.7	3.5
I21 Acute myocardial infarction	29,074	23,700	14.9	190,079	97.3	6.5
R10 Abdominal and pelvic pain	28,176	24,944	14.4	70,064	35.9	2.5
O80 Single spontaneous delivery	24,778	23,393	12.7	62,353	31.9	2.5
J45 Asthma	23,554	21,613	12.1	61,117	31.3	2.6
L03 Cellulitis	22,553	19,483	11.5	133,522	68.4	5.9
F20 Schizophrenia	21,139	20,745	10.8	680,752	348.5	32.2
N39 Other disorders of urinary system	20,987	17,938	10.7	117,377	60.1	5.6
S52 Fracture of forearm	19,445	15,689	10.0	47,130	24.1	2.4
S72 Fracture of femur	18,922	14,341	9.7	233,323	119.5	12.3
I48 Atrial fibrillation and flutter	17,513	14,008	9.0	72,570	37.2	4.1
E11 Non-insulin-dependent diabetes mellitus	17,014	14,863	8.7	162,408	83.2	9.5
T81 Complications of procedures, not elsewhere classified	16,367	13,770	8.4	108,258	55.4	6.6
Z75 Problems related to medical facilities and other health care	16,151	13,198	8.3	672,224	344.2	41.6
S82 Fracture of lower leg, including ankle	15,753	11,900	8.1	97,084	49.7	6.2
F32 Depressive episode	15,327	14,247	7.8	170,866	87.5	11.1
K35 Acute appendicitis	14,306	12,286	7.3	50,116	25.7	3.5
K40 Inguinal hernia	14,059	12,037	7.2	26,627	13.6	1.9
J35 Chronic diseases of tonsils and adenoids	13,565	11,644	6.9	15,763	8.1	1.2
P07 Disorders related to short gestation and low birth weight, not elsewhere classified	12,894	11,367	6.6	245,636	125.8	19.1
F10 Mental and behavioural disorders due to use of alcohol	12,858	12,330	6.6	86,094	44.1	6.7
K56 Paralytic ileus and intestinal obstruction without hernia	12,760	10,209	6.5	85,345	43.7	6.7
B34 Viral infection of unspecified site	11,912	10,651	6.1	23,439	12.0	2.0
Other	1,374,883	1,176,947	703.9	8,136,666	4,165.9	5.9
Not reported	813	699	0.4	371,918	190.4	457.5
Total	2,080,067	1,778,746	1,065.0	14,378,120	7,361.5	6.9

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au>

Table 8.7: Selected separation statistics for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, private hospitals, Australia, 2001–02

Principal diagnosis	Separations		Public patient separations		Separations per 10,000 population		Patient days		Patient days per 10,000 population		ALOS (days)
	Separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)					
Z50 Care involving use of rehabilitation procedures	24,642	1,229	12.6	435,989	223.2	17.7					
G47 Sleep disorders	24,197	338	12.4	27,019	13.8	1.1					
I20 Angina pectoris	21,448	742	11.0	96,524	49.4	4.5					
K40 Inguinal hernia	19,727	558	10.1	35,733	18.3	1.8					
K80 Cholelithiasis	18,773	1,032	9.6	54,446	27.9	2.9					
M17 Gonarthrosis [arthrosis of knee]	18,423	533	9.4	137,019	70.2	7.4					
J35 Chronic diseases of tonsils and adenoids	15,386	318	7.9	17,082	8.7	1.1					
M75 Shoulder lesions	14,744	218	7.5	31,234	16.0	2.1					
O70 Perineal laceration during delivery	14,293	684	7.3	64,668	33.1	4.5					
M23 Internal derangement of knee	10,612	135	5.4	16,887	8.6	1.6					
R07 Pain in throat and chest	10,552	581	5.4	25,457	13.0	2.4					
H26 Other cataract	10,379	137	5.3	11,767	6.0	1.1					
M16 Coxarthrosis [arthrosis of hip]	10,296	353	5.3	94,243	48.3	9.2					
I83 Varicose veins of lower extremities	10,043	240	5.1	21,121	10.8	2.1					
I25 Chronic ischaemic heart disease	9,835	32	5.0	43,414	22.2	4.4					
J34 Other disorders of nose and nasal sinuses	9,448	179	4.8	11,879	6.1	1.3					
J18 Pneumonia, organism unspecified	9,305	706	4.8	74,167	38.0	8.0					
N40 Hyperplasia of prostate	9,038	274	4.6	35,518	18.2	3.9					
N81 Female genital prolapse	8,917	354	4.6	40,950	21.0	4.6					
M51 Other intervertebral disc disorders	8,872	164	4.5	53,411	27.3	6.0					
I50 Heart failure	8,815	496	4.5	86,565	44.3	9.8					
R10 Abdominal and pelvic pain	8,742	562	4.5	27,860	14.3	3.2					
C50 Malignant neoplasm of breast	8,626	265	4.4	39,566	20.3	4.6					
N39 Other disorders of urinary system	8,558	473	4.4	46,266	23.7	5.4					
T81 Complications of procedures, not elsewhere classified	8,429	371	4.3	49,932	25.6	5.9					
J44 Other chronic obstructive pulmonary disease	8,264	844	4.2	86,288	44.2	10.4					
C44 Other malignant neoplasms of skin	8,031	165	4.1	28,960	14.8	3.6					
M54 Dorsalgia	7,939	199	4.1	47,140	24.1	5.9					
O34 Maternal care for known or suspected abnormality of pelvic organs	7,748	272	4.0	43,900	22.5	5.7					
I48 Atrial fibrillation and flutter	7,244	315	3.7	29,009	14.9	4.0					
Other	606,371	29,666	310.5	3,661,512	1,874.7	6.0					
Not reported	5,396	135	2.8	28,783	14.7	5.3					
Total	973,093	42,570	498.2	5,504,309	2,818.2	5.7					

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au/>

Table 8.8: Selected separation statistics for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, public hospitals, Australia, 2001–02

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population
Z49 Care involving dialysis	545,067	487,259	279.1
Z51 Other medical care	124,601	109,820	63.8
H26 Other cataract	29,747	23,226	15.2
R10 Abdominal and pelvic pain	28,736	26,390	14.7
Z50 Care involving use of rehabilitation procedures	25,689	24,015	13.2
R07 Pain in throat and chest	22,716	20,724	11.6
C44 Other malignant neoplasms of skin	18,235	15,796	9.3
K21 Gastro-oesophageal reflux disease	17,170	15,118	8.8
Z08 Follow-up examination after treatment for malignant neoplasms	16,061	14,415	8.2
K29 Gastritis and duodenitis	15,316	13,766	7.8
O04 Medical abortion	14,408	11,873	7.4
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	14,349	12,802	7.3
Z30 Contraceptive management	14,252	12,721	7.3
Z45 Adjustment and management of implanted device	12,480	10,627	6.4
K02 Dental caries	12,343	10,702	6.3
K92 Other diseases of digestive system	11,935	10,750	6.1
I20 Angina pectoris	11,292	9,303	5.8
G56 Mononeuropathies of upper limb	10,398	9,207	5.3
Z47 Other orthopaedic follow-up care	10,221	8,873	5.2
S01 Open wound of head	9,514	8,458	4.9
M23 Internal derangement of knee	9,244	8,072	4.7
H65 Nonsuppurative otitis media	8,853	7,561	4.5
K52 Other noninfective gastroenteritis and colitis	8,801	8,033	4.5
E11 Non-insulin-dependent diabetes mellitus	8,715	7,642	4.5
M54 Dorsalgia	8,620	7,506	4.4
N92 Excessive, frequent and irregular menstruation	8,604	7,626	4.4
O47 False labour	8,592	8,203	4.4
I84 Haemorrhoids	8,407	7,447	4.3
S52 Fracture of forearm	8,371	7,357	4.3
N87 Dysplasia of cervix uteri	8,118	7,443	4.2
Other	836,738	728,608	428.4
Not reported	649	572	0.3
Total	1,888,242	1,661,915	966.8

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au>

Table 8.9: Selected separation statistics for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, private hospitals, Australia, 2001–02

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population
Z51 Other medical care	125,366	6,686	64.2
Z49 Care involving dialysis	88,928	26,819	45.5
H26 Other cataract	52,672	1,410	27.0
K01 Embedded and impacted teeth	48,983	137	25.1
C44 Other malignant neoplasms of skin	37,081	622	19.0
K21 Gastro-oesophageal reflux disease	35,555	559	18.2
R10 Abdominal and pelvic pain	29,485	668	15.1
M23 Internal derangement of knee	29,133	399	14.9
O04 Medical abortion	26,912	236	13.8
K29 Gastritis and duodenitis	26,358	596	13.5
H25 Senile cataract	26,054	288	13.3
Z50 Care involving use of rehabilitation procedures	24,096	3	12.3
K57 Diverticular disease of intestine	22,500	312	11.5
D12 Benign neoplasm of colon, rectum, anus and anal canal	22,427	413	11.5
Z80 Family history of malignant neoplasm	20,462	240	10.5
Z31 Procreative management	19,965	51	10.2
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	19,701	349	10.1
I84 Haemorrhoids	18,477	448	9.5
Z08 Follow-up examination after treatment for malignant neoplasms	18,362	526	9.4
K63 Other diseases of intestine	16,543	236	8.5
K92 Other diseases of digestive system	16,322	339	8.4
F32 Depressive episode	14,616	40	7.5
Z30 Contraceptive management	13,887	454	7.1
G56 Mononeuropathies of upper limb	13,610	382	7.0
K02 Dental caries	13,544	155	6.9
K22 Other diseases of oesophagus	12,930	171	6.6
M54 Dorsalgia	11,653	540	6.0
H65 Nonsuppurative otitis media	11,014	256	5.6
Z45 Adjustment and management of implanted device	10,459	691	5.4
F43 Reaction to severe stress, and adjustment disorders	10,357	31	5.3
Other	608,966	18,094	311.8
Not reported	6,678	45	3.4
Total	1,453,096	62,196	744.0

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au>

Table 8.10: Selected separation statistics for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia, ^(a) 2001–02

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population
Z51 Other medical care	26,026	26,026	380	13.3
O04 Medical abortion	21,839	21,839	8	11.2
H25 Senile cataract	20,773	20,773	3	10.6
H26 Other cataract	17,925	17,925	77	9.2
Z49 Care involving dialysis	15,281	15,281	6,414	7.8
C44 Other malignant neoplasms of skin	15,275	15,272	117	7.8
K21 Gastro-oesophageal reflux disease	12,467	12,466	19	6.4
R10 Abdominal and pelvic pain	11,828	11,827	4	6.1
K29 Gastritis and duodenitis	10,722	10,722	68	5.5
K57 Diverticular disease of intestine	8,850	8,848	6	4.5
K01 Embedded and impacted teeth	8,495	8,493	9	4.3
D12 Benign neoplasm of colon, rectum, anus and anal canal	8,120	8,120	7	4.2
Z80 Family history of malignant neoplasm	7,696	7,696	3	3.9
I84 Haemorrhoids	7,074	7,070	13	3.6
K63 Other diseases of intestine	6,907	6,907	17	3.5
Z31 Procreative management	6,131	6,131	0	3.1
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	5,797	5,797	5	3.0
K30 Dyspepsia	4,878	4,878	1	2.5
K22 Other diseases of oesophagus	4,578	4,576	0	2.3
K59 Other functional intestinal disorders	4,310	4,310	5	2.2
K92 Other diseases of digestive system	4,209	4,209	0	2.2
K62 Other diseases of anus and rectum	4,103	4,102	5	2.1
K44 Diaphragmatic hernia	4,062	4,062	0	2.1
K02 Dental caries	4,021	4,017	2	2.1
K20 Oesophagitis	3,940	3,940	15	2.0
N97 Female infertility	3,726	3,725	0	1.9
G47 Sleep disorders	3,496	141	0	1.8
K58 Irritable bowel syndrome	3,492	3,492	7	1.8
H02 Other disorders of eyelid	3,356	3,353	3	1.7
I25 Chronic ischaemic heart disease	3,012	3,011	186	1.5
Other	113,685	113,223	548	58.2
Not reported	526	526	0	0.3
Total	376,600	372,758	7,922	192.8

(a) Excludes separations from private free-standing day hospitals in Tasmania.

Table 8.11: Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2001–02

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00–B99	1	0	1	<0.1	11	<0.1	11.0	11.0
C00–D48	0	0	0	0	0	0	0	0
D50–D89	1	0	1	<0.1	2	<0.1	2.0	2.0
E00–E90	2	0	2	<0.1	205	0.1	102.5	102.5
F00–F03	223	2	198	0.1	33,637	17.2	298.7	152.2
F04–F09	183	5	171	0.1	17,795	9.1	291.6	99.9
F10	944	70	933	0.5	29,861	15.3	31.6	34.1
F11–F19	1,426	61	1,413	0.7	12,360	6.3	71.1	9.0
F20	3,961	162	3,838	2.0	359,178	183.9	90.7	94.5
F21–F29	1,978	53	1,950	1.0	65,455	33.5	197.9	34.0
F30	137	4	134	0.1	2,109	1.1	15.4	15.8
F31	1,384	26	1,364	0.7	37,719	19.3	27.3	27.8
F32–F33	1,693	333	1,664	0.9	27,750	14.2	38.8	20.2
F34–F39	230	9	223	0.1	2,677	1.4	47.3	12.1
F40–F48	2,169	424	2,156	1.1	13,733	7.0	6.3	7.6
F50	39	0	39	<0.1	1,179	0.6	30.2	30.2
F51–F59	63	1	63	<0.1	1,046	0.5	34.6	16.9
F60–F69	903	71	899	0.5	8,375	4.3	9.3	10.0
F70–F79	66	1	61	<0.1	26,878	13.8	407.2	413.5
F80–F89	91	42	91	<0.1	2,151	1.1	23.6	43.0
F90–F98	1,017	898	1,016	0.5	1,808	0.9	39.9	7.6
F99	6	0	6	<0.1	95	<0.1	15.8	15.8
G00–G99	174	1	157	0.1	30,696	15.7	176.4	177.4
H00–H95	0	0	0	0	0	0	0	0.0
I00–I99	2	0	2	<0.1	6	<0.1	3.0	3.0
J00–L99	3	0	1	<0.1	1,167	0.6	389.0	389.0
M00–M99	2	0	2	<0.1	47	<0.1	23.5	23.5
N00–N99	0	0	0	0	0	0	0	0.0
O00–O99	2	1	2	<0.1	2	<0.1	1.0	1.0
P00–P96	0	0	0	0	0	0	0	0.0
Q00–Q99	0	0	0	0	0	0	0	0.0
R00–R99	31	4	31	<0.1	364	0.2	11.7	13.3
S00–T98	4	2	4	<0.1	14,135	<0.1	7,067.5	7,066.5
Z03.2, Z81, Z86.5	4	0	2	<0.1	23	<0.1	5.8	5.8
Z00–Z99 ^(a)	1303	492	1300	0.7	127,751	65	98.0	156.9
Not reported	273	7	272	0.1	357,237	183	1,308.6	1,343.0
Total	18,316	2,669	17,993	9.4	1,175,467	601.8	64.2	75.0

(a) Excluding Z03.2, Z81 and Z86.5.

Note: Abbreviations: dis.—diseases, behav.—behavioural.

Table 8.12: Separations for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2001–02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	152,604	171,627	78,301	56,111	39,880	12,454	13,224	22,629	546,830
Z51 Other medical care	7,079	46,358	29,716	16,585	18,248	2,230	5,140	796	126,152
Z50 Care involving use of rehabilitation procedures	22,497	22,283	17,374	3,900	4,041	659	559	589	71,902
I20 Angina pectoris	22,532	15,446	10,799	5,223	4,709	1,516	1,296	482	62,003
R07 Pain in throat and chest	22,155	15,820	10,814	3,717	5,230	826	487	646	59,695
R10 Abdominal and pelvic pain	19,009	17,772	9,730	4,225	4,028	903	733	512	56,912
J18 Pneumonia, organism unspecified	15,617	11,175	6,627	3,497	4,142	761	620	1,232	43,671
J44 Other chronic obstructive pulmonary disease	16,262	10,131	7,084	3,201	3,471	854	350	495	41,848
K80 Cholelithiasis	12,288	9,184	6,018	2,555	2,895	736	536	287	34,499
O70 Perineal laceration during delivery	14,732	6,450	6,442	2,221	2,574	534	537	490	33,980
I50 Heart failure	12,002	9,099	5,068	2,591	2,898	596	332	265	32,851
H26 Other cataract	10,785	9,782	4,482	3,041	3,692	84	472	318	32,656
I21 Acute myocardial infarction	11,979	8,241	5,807	2,366	2,906	699	382	195	32,575
J45 Asthma	10,546	7,970	4,913	2,930	2,062	488	333	385	29,627
S52 Fracture of forearm	10,947	6,357	5,071	2,078	1,850	484	494	535	27,816
N39 Other disorders of urinary system	9,453	6,789	4,798	2,555	2,201	484	297	237	26,814
O80 Single spontaneous delivery	9,717	4,574	6,755	2,114	1,805	438	412	596	26,411
E11 Non-insulin-dependent diabetes mellitus	6,110	8,658	3,566	2,558	3,404	540	324	569	25,729
I48 Atrial fibrillation and flutter	9,667	6,110	4,093	2,021	1,844	701	440	194	25,070
L03 Cellulitis	8,951	5,980	4,881	2,014	1,689	389	266	569	24,739
F20 Schizophrenia	7,280	6,394	5,541	2,045	2,039	669	240	159	24,367
C44 Other malignant neoplasms of skin	6,220	5,139	6,345	2,060	3,567	424	186	89	24,030
F32 Depressive episode	7,659	5,728	3,849	2,156	2,473	1,091	185	96	23,237
K21 Gastro-oesophageal reflux disease	6,408	5,087	3,650	2,604	3,057	323	542	196	21,867
S72 Fracture of femur	8,161	5,346	3,067	1,671	1,641	444	391	127	20,848
K92 Other diseases of digestive system	7,500	5,563	3,537	1,706	1,578	275	274	173	20,606
K29 Gastritis and duodenitis	7,472	4,895	3,761	2,238	1,533	194	190	300	20,583
K52 Other noninfective gastroenteritis and colitis	6,780	5,626	3,574	1,786	1,759	328	206	123	20,182
T81 Complications of procedures, not elsewhere classified	6,347	5,150	3,797	2,006	1,534	545	251	269	19,899
K40 Inguinal hernia	6,609	5,644	3,350	1,688	1,785	319	249	155	19,799
Other	787,298	635,303	421,911	207,296	227,798	48,437	31,997	29,609	2,389,649
Not reported	1,051	183	0	0	1	62	0	165	1,462
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309

Table 8.13: Separations for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2001–02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	24,650	31,464	38,749	14,843	12,047	n.p.	n.p.	..	126,016
Z49 Care involving dialysis	17,286	11,987	30,345	17,447	12,114	n.p.	n.p.	..	89,196
H26 Other cataract	26,581	11,649	12,038	6,330	3,078	n.p.	n.p.	..	63,051
K01 Embedded and impacted teeth	14,652	13,379	10,747	7,515	4,102	n.p.	n.p.	..	52,151
Z50 Care involving use of rehabilitation procedures	20,316	9,957	15,223	1,327	1,582	n.p.	n.p.	..	48,738
C44 Other malignant neoplasms of skin	13,875	7,336	13,425	3,441	5,010	n.p.	n.p.	..	45,112
M23 Internal derangement of knee	12,647	9,904	6,525	4,904	4,108	1,028	629	..	39,745
R10 Abdominal and pelvic pain	8,990	10,700	10,844	4,307	2,222	1,012	152	..	38,227
K21 Gastro-oesophageal reflux disease	10,157	6,984	11,650	4,268	3,720	n.p.	n.p.	..	37,820
H25 Senile cataract	6,454	6,569	9,548	1,076	3,282	n.p.	n.p.	..	27,684
K29 Gastritis and duodenitis	9,689	7,338	6,118	2,604	1,389	n.p.	n.p.	..	27,634
O04 Medical abortion	9,844	8,437	5,486	2,993	261	n.p.	n.p.	..	27,195
K57 Diverticular disease of intestine	7,286	6,808	8,685	2,083	1,599	647	83	..	27,191
M17 Gonarthrosis [arthrosis of knee]	8,938	5,830	4,688	3,026	3,071	600	544	..	26,697
I20 Angina pectoris	6,318	7,475	5,885	2,835	1,506	n.p.	n.p.	..	25,023
G47 Sleep disorders	9,463	5,941	5,351	513	2,363	n.p.	n.p.	..	24,619
D12 Benign neoplasm of colon, rectum, anus and anal canal	8,823	4,330	6,428	2,659	1,726	419	64	..	24,449
I84 Haemorrhoids	9,006	5,475	4,277	2,553	1,677	505	168	..	23,661
K40 Inguinal hernia	7,649	5,073	5,026	2,414	1,814	670	457	..	23,103
F32 Depressive episode	5,189	7,062	6,903	722	504	n.p.	n.p.	..	21,061
Z80 Family history of malignant neoplasm	8,292	4,399	5,468	380	1,350	n.p.	n.p.	..	20,594
Z31 Procreative management	8,842	6,351	3,277	718	117	n.p.	n.p.	..	20,475
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	8,130	3,525	5,147	1,963	1,045	n.p.	n.p.	..	20,315
M54 Dorsalgia	4,881	4,175	3,150	3,752	2,111	1,471	52	..	19,592
Z08 Follow-up examination after treatment for malignant neoplasms	7,128	4,589	4,117	1,677	1,302	n.p.	n.p.	..	19,589
K80 Cholelithiasis	5,831	3,957	4,478	2,414	1,838	623	438	..	19,579
K92 Other diseases of digestive system	5,632	4,650	5,093	1,830	1,149	n.p.	n.p.	..	18,868
J35 Chronic diseases of tonsils and adenoids	6,700	3,236	3,536	2,339	1,680	n.p.	n.p.	..	18,119
I25 Chronic ischaemic heart disease	7,327	3,196	4,005	990	1,317	n.p.	n.p.	..	17,546
K63 Other diseases of intestine	5,969	4,418	4,625	1,192	977	n.p.	n.p.	..	17,427
Other	385,991	341,900	332,237	160,017	117,709	47,718	18,066	..	1,403,638
Not reported	6	11,742	0	0	0	326	0	..	12,074
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

.. not available.

n.p. not published.

Table 8.14: Average length of stay (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2001–02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z51 Other medical care	1.6	1.1	1.1	1.0	1.0	1.0	1.0	1.1	1.1
Z50 Care involving use of rehabilitation procedures	18.9	17.9	7.1	27.1	29.5	24.9	17.9	7.0	16.7
I20 Angina pectoris	3.9	3.2	3.2	3.3	3.5	4.0	3.0	3.7	3.5
R07 Pain in throat and chest	1.8	1.4	1.7	1.7	1.8	1.7	1.5	2.2	1.7
R10 Abdominal and pelvic pain	1.8	1.6	1.7	1.8	1.9	1.8	1.9	2.0	1.7
J18 Pneumonia, organism unspecified	6.2	6.2	5.2	5.4	6.3	6.0	6.1	5.2	5.9
J44 Other chronic obstructive pulmonary disease	7.0	7.0	6.7	7.6	6.9	8.1	7.4	6.4	7.0
K80 Cholelithiasis	3.4	3.1	2.8	3.4	3.0	3.0	3.0	3.4	3.1
O70 Perineal laceration during delivery	3.1	3.0	2.7	3.2	3.3	4.0	2.6	3.9	3.1
I50 Heart failure	7.8	7.3	7.0	7.7	7.4	8.5	7.8	6.9	7.5
H26 Other cataract	1.0	1.1	1.1	1.0	1.0	1.0	1.0	1.0	1.0
I21 Acute myocardial infarction	6.2	5.9	5.5	6.0	6.1	5.5	5.3	6.6	5.9
J45 Asthma	2.3	2.2	2.2	2.4	2.4	2.6	2.6	2.8	2.3
S52 Fracture of forearm	1.9	2.1	1.7	2.1	2.2	2.1	2.0	3.6	2.0
N39 Other disorders of urinary system	4.7	4.5	4.6	4.3	4.8	4.3	4.7	4.8	4.6
O80 Single spontaneous delivery	2.4	2.5	2.2	2.7	2.5	3.7	2.1	2.8	2.4
E11 Non-insulin-dependent diabetes mellitus	7.6	6.4	7.6	6.0	4.9	6.6	6.2	7.8	6.7
I48 Atrial fibrillation and flutter	3.4	3.2	3.0	2.6	3.1	3.3	2.2	3.3	3.2
L03 Cellulitis	5.8	6.1	4.6	4.8	5.1	6.6	5.6	5.2	5.5
F20 Schizophrenia	38.8	18.1	33.2	24.2	15.2	23.8	14.2	12.4	28.1
C44 Other malignant neoplasms of skin	2.4	2.1	1.5	1.7	1.7	2.2	2.3	2.1	1.9
F32 Depressive episode	7.2	7.8	7.1	9.7	9.4	4.4	10.4	7.4	7.7
K21 Gastro-oesophageal reflux disease	1.6	1.5	1.5	1.4	1.5	1.7	1.4	1.4	1.5
S72 Fracture of femur	11.1	12.2	10.4	10.0	10.3	12.6	14.8	18.6	11.3
K92 Other diseases of digestive system	2.6	2.3	2.2	2.1	2.3	3.1	1.9	2.5	2.4
K29 Gastritis and duodenitis	1.6	1.4	1.5	1.4	1.5	2.5	1.4	1.8	1.5
K52 Other noninfective gastroenteritis and colitis	2.5	2.4	2.1	2.2	2.4	3.4	2.4	2.8	2.4
T81 Complications of procedures, not elsewhere classified	5.5	6.3	5.3	5.0	5.6	4.8	6.0	5.9	5.6
K40 Inguinal hernia	1.7	1.6	1.4	1.6	1.9	1.7	1.7	2.1	1.6
Other	4.4	4.0	4.0	4.2	4.7	4.8	4.6	4.5	4.3
Total^(a)	4.6	3.8	3.7	3.9	4.3	4.6	3.6	3.2	4.1

(a) For all separations.

Table 8.15: Average length of stay (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2001–02

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	1.1	1.0	1.0	1.0	1.2	n.p.	n.p.	..	1.0
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
H26 Other cataract	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	..	1.0
K01 Embedded and impacted teeth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
Z50 Care involving use of rehabilitation procedures	8.2	16.1	4.7	23.2	15.5	n.p.	n.p.	..	9.4
C44 Other malignant neoplasms of skin	1.5	1.6	1.4	1.8	1.3	n.p.	n.p.	..	1.5
M23 Internal derangement of knee	1.1	1.2	1.1	1.2	1.2	1.1	1.1	..	1.2
R10 Abdominal and pelvic pain	1.4	1.4	1.6	1.6	1.8	1.8	2.6	..	1.5
K21 Gastro-oesophageal reflux disease	1.1	1.2	1.1	1.2	1.2	n.p.	n.p.	..	1.1
H25 Senile cataract	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	..	1.0
K29 Gastritis and duodenitis	1.1	1.1	1.2	1.1	1.1	n.p.	n.p.	..	1.1
O04 Medical abortion	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
K57 Diverticular disease of intestine	1.7	1.8	1.8	2.4	2.3	2.3	4.3	..	1.9
M17 Gonarthrosis [arthritis of knee]	5.4	5.3	5.9	6.3	4.1	6.4	5.5	..	5.4
I20 Angina pectoris	4.2	3.9	4.3	3.1	4.3	n.p.	n.p.	..	4.0
G47 Sleep disorders	1.0	1.3	1.1	1.3	1.1	n.p.	n.p.	..	1.1
D12 Benign neoplasm of colon, rectum, anus and anal canal	1.2	1.4	1.3	1.4	1.4	1.3	5.4	..	1.3
I84 Haemorrhoids	1.2	1.3	1.4	1.5	1.6	1.5	1.8	..	1.3
K40 Inguinal hernia	1.7	1.7	1.5	1.7	2.0	1.9	1.3	..	1.7
F32 Depressive episode	7.1	4.0	6.5	12.5	16.0	n.p.	n.p.	..	6.3
Z80 Family history of malignant neoplasm	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
Z31 Procreative management	1.0	1.0	1.0	1.1	1.2	n.p.	n.p.	..	1.0
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
M54 Dorsalgia	3.1	3.5	3.9	2.1	2.5	2.4	7.6	..	3.0
Z08 Follow-up examination after treatment for malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
K80 Cholelithiasis	2.6	3.0	2.9	2.9	2.9	3.0	2.3	..	2.8
K92 Other diseases of digestive system	1.2	1.5	1.5	1.5	1.7	n.p.	n.p.	..	1.5
J35 Chronic diseases of tonsils and adenoids	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	..	1.1
I25 Chronic ischaemic heart disease	2.4	3.5	3.3	2.0	4.8	n.p.	n.p.	..	2.9
K63 Other diseases of intestine	1.1	1.3	1.3	1.5	1.3	n.p.	n.p.	..	1.2
Other	3.3	3.3	3.9	3.5	3.8	3.6	3.8	..	3.5
Total^(a)	2.7	2.9	2.9	2.8	3.0	3.1	3.1	..	2.9

(a) For all separations.

.. not available.

n.p. not published.

Table 8.16: Separations for males for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2001–02

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(a)
Z49 Care involving dialysis	7	357	875	6,992	24,886	40,717	57,521	71,119	99,026	63,531	2,912	367,943
Z51 Other medical care	226	1,101	2,270	2,078	3,684	6,879	17,069	32,300	34,874	18,009	1,395	119,885
Z50 Care involving use of rehabilitation procedures	3	7	223	2,233	3,370	4,183	6,422	7,883	10,767	14,248	4,888	54,227
I20 Angina pectoris	0	0	0	13	224	2,270	8,204	13,772	15,662	11,544	2,364	54,053
C44 Other malignant neoplasms of skin	6	5	17	67	499	1,875	4,688	7,452	10,315	12,397	3,709	41,030
R07 Pain in throat and chest	1	5	133	721	2,372	6,222	9,098	8,419	6,866	4,283	996	39,116
K40 Inguinal hernia	1,540	1,255	1,142	1,766	2,900	4,513	6,578	7,114	6,729	4,551	841	38,929
H26 Other cataract	7	24	69	64	163	495	1,791	4,655	11,231	16,393	3,656	38,548
M23 Internal derangement of knee	0	2	283	4,717	6,495	7,350	6,854	4,677	2,151	728	43	33,300
R10 Abdominal and pelvic pain	131	328	2,397	2,861	4,324	5,157	5,440	4,627	3,870	2,632	621	32,388
K21 Gastro-oesophageal reflux disease	635	312	460	1,223	3,383	5,231	6,653	5,748	3,906	2,056	282	29,889
J44 Other chronic obstructive pulmonary disease	5	35	59	37	44	250	1,156	4,110	9,553	10,846	2,744	28,839
J18 Pneumonia, organism unspecified	815	3,266	1,592	800	1,326	1,862	1,991	2,644	4,601	6,364	3,291	28,555
I21 Acute myocardial infarction	0	0	0	34	248	1,597	4,419	6,116	6,303	5,576	1,918	26,212
G47 Sleep disorders	2,065	1,626	952	322	1,516	3,987	6,110	5,230	2,660	1,384	72	25,924
K01 Embedded and impacted teeth	0	17	1,581	13,295	5,461	2,039	755	331	143	67	9	23,698
Z08 Follow-up examination after treatment for malignant neoplasms	4	71	31	51	210	680	2,015	4,778	7,818	6,612	1,162	23,432
I25 Chronic ischaemic heart disease	0	2	6	9	71	787	3,559	6,586	6,975	4,163	371	22,529
N40 Hyperplasia of prostate	0	0	0	5	17	153	1,364	5,153	7,881	5,794	1,181	21,548
K29 Gastritis and duodenitis	37	138	286	1,051	2,237	3,267	4,039	3,999	3,687	2,284	378	21,403
E11 Non-insulin-dependent diabetes mellitus	0	0	11	58	243	783	2,366	4,286	6,270	5,581	1,095	20,693
I50 Heart failure	18	8	11	27	105	276	803	2,100	5,175	8,145	3,963	20,631
K92 Other diseases of digestive system	81	90	142	657	1,658	2,883	3,847	3,520	3,371	2,798	915	19,962
I48 Atrial fibrillation and flutter	1	0	11	150	546	1,064	2,563	4,358	5,669	4,481	1,077	19,920
I84 Haemorrhoids	1	9	10	432	2,052	4,492	5,383	3,877	2,258	1,048	129	19,691
D12 Benign neoplasm of colon, rectum, anus and anal canal	0	0	14	63	226	1,026	3,409	5,473	5,587	3,291	363	19,452
M17 Gonarthrosis [arthrosis of knee]	0	0	10	148	632	1,617	3,055	4,615	5,281	3,302	326	18,986
F10 Mental and behavioural disorders due to use of alcohol	1	1	149	1,621	2,768	4,304	5,099	2,989	962	645	44	18,589
K57 Diverticular disease of intestine	0	2	3	24	261	1,231	3,194	4,430	4,991	3,735	662	18,533
F20 Schizophrenia	0	0	20	4,169	6,593	4,036	2,116	829	352	114	14	18,244
Other	76,132	96,300	121,401	135,993	157,524	184,471	209,080	221,242	231,505	209,319	61,547	1,704,550
Not reported	259	63	87	236	339	467	493	506	473	387	97	3,407
Total	81,975	105,024	134,245	181,917	236,377	306,164	397,134	464,938	526,912	436,308	103,065	2,974,106

(a) Includes separations for which age was not reported.

Table 8.17: Separations for females for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2001–02

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(a)
Z49 Care involving dialysis	0	0	572	4,709	13,983	26,386	42,573	55,738	80,561	41,962	1,550	268,034
Z51 Other medical care	142	978	1,592	1,531	4,333	15,290	30,235	34,225	28,833	13,838	1,286	132,283
Z50 Care involving use of rehabilitation procedures	5	5	65	1,193	1,944	3,773	5,936	7,205	11,871	21,883	12,525	66,405
R10 Abdominal and pelvic pain	90	251	2,944	9,169	10,739	10,680	10,401	7,577	5,672	3,982	1,245	62,751
H26 Other cataract	10	12	32	52	97	374	1,759	5,316	16,179	26,226	7,096	57,153
O70 Perineal laceration during delivery	0	0	19	9,924	30,538	7,796	27	0	0	0	0	48,304
O04 Medical abortion	0	0	151	18,214	17,207	7,096	200	2	1	0	0	42,871
K80 Cholelithiasis	0	1	104	2,897	6,484	6,804	7,063	6,024	4,463	3,229	1,109	38,180
R07 Pain in throat and chest	1	7	103	719	1,823	4,100	7,838	7,995	7,084	5,609	2,014	37,293
K01 Embedded and impacted teeth	0	18	2,381	22,354	8,193	2,321	830	293	111	69	13	36,583
O80 Single spontaneous delivery	0	0	13	9,126	19,928	4,299	19	0	0	0	0	33,385
I20 Angina pectoris	0	0	0	4	96	909	3,241	5,551	8,794	10,398	3,980	32,973
K21 Gastro-oesophageal reflux disease	559	184	381	1,039	2,217	4,301	6,811	6,578	4,505	2,656	567	29,798
N39 Other disorders of urinary system	811	1,043	845	1,351	1,557	2,726	4,172	3,884	3,907	5,444	3,990	29,732
C44 Other malignant neoplasms of skin	1	2	15	79	542	2,047	4,093	4,494	5,721	7,351	3,767	28,112
F32 Depressive episode	0	0	273	3,747	4,976	5,434	5,486	2,687	1,881	2,139	572	27,195
K29 Gastritis and duodenitis	36	142	284	1,340	2,336	3,863	5,365	5,233	4,380	3,115	718	26,812
J18 Pneumonia, organism unspecified	581	2,645	1,318	736	1,323	1,648	1,740	2,262	3,183	5,024	4,176	24,636
K57 Diverticular disease of intestine	0	0	2	15	126	878	3,564	5,767	6,811	5,730	1,599	24,492
N92 Excessive, frequent and irregular menstruation	0	0	23	717	3,448	10,494	8,610	316	8	2	0	23,618
Z31 Procreative management	0	0	1	308	10,380	12,238	448	9	0	1	0	23,385
J44 Other chronic obstructive pulmonary disease	5	22	105	44	51	318	1,316	3,590	6,696	7,152	2,153	21,452
M54 Dorsalgia	0	12	106	626	1,914	3,411	4,453	3,477	3,085	3,108	1,222	21,414
I50 Heart failure	21	13	5	30	52	151	472	1,157	3,437	8,373	7,531	21,243
M17 Gonarthrosis [arthrosis of knee]	0	1	6	95	309	1,053	2,981	4,832	6,365	4,755	763	21,160
C50 Malignant neoplasm of breast	0	0	2	28	512	2,703	5,473	5,550	3,848	2,385	577	21,078
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	34	6,426	11,611	2,669	14	0	0	0	0	20,754
O47 False labour	0	0	19	7,026	11,159	2,433	9	0	0	0	0	20,646
H25 Senile cataract	0	0	1	4	11	87	472	1,715	6,259	9,391	2,321	20,261
K52 Other noninfective gastroenteritis and colitis	55	116	120	2,120	3,010	2,535	2,818	2,649	2,579	2,561	1,183	19,746
Other	57,519	67,865	85,893	190,269	354,590	289,979	265,586	234,461	231,453	239,492	111,228	2,128,356
Not reported	219	55	83	455	3,115	2,489	1,335	936	728	521	193	10,129
Total	60,055	73,372	97,492	296,347	528,604	441,285	435,340	419,523	458,415	436,396	173,378	3,420,234

(a) Includes separations for which age was not reported.

Table 8.18: Separations statistics, by principal diagnosis in ICD-10-AM chapters, by Indigenous status, ^(a) all hospitals, Australia, 2001–02

Principal diagnosis	Separations		Separations for patients identified as		Separations per 1,000 population ^(b)		Rate ratio ^(c)
	Indigenous	Non-Indigenous	Indigenous (%)	Non-Indigenous	Indigenous	Non-Indigenous	
A00–B99 Certain infectious and parasitic diseases	5,314	86,597	2.8	22.1	4.5	4.9	
C00–D48 Neoplasms	2,666	456,344	1.4	9.1	23.6	0.4	
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	884	70,009	0.5	2.7	3.6	0.7	
E00–E90 Endocrine, nutritional and metabolic diseases	3,646	93,637	1.9	12.3	4.9	2.5	
F00–F99 Mental and behavioural disorders	8,795	250,170	4.6	18.9	13.1	1.4	
G00–G99 Diseases of the nervous system	2,878	138,382	1.5	8.1	7.2	1.1	
H00–H59 Diseases of the eye and adnexa	1,297	176,625	0.7	5.4	9.1	0.6	
H60–H95 Diseases of the ear and mastoid process	1,808	52,541	0.9	5.7	2.8	2.1	
I00–I99 Diseases of the circulatory system	6,836	434,202	3.6	24.1	22.3	1.1	
J00–J99 Diseases of the respiratory system	14,943	315,342	7.8	58.7	16.4	3.6	
K00–K93 Diseases of the digestive system	10,564	739,090	5.5	29.9	38.5	0.8	
L00–L99 Diseases of the skin and subcutaneous tissue	5,044	109,041	2.6	13.9	5.7	2.4	
M00–M99 Diseases of the musculoskeletal system and connective tissue	3,813	347,296	2.0	10.5	18.0	0.6	
N00–N99 Diseases of the genitourinary system	5,806	350,340	3.0	16.5	18.2	0.9	
O00–O99 Pregnancy, childbirth and the puerperium	16,737	408,132	8.8	27.7	21.6	1.3	
P00–P96 Certain conditions originating in the perinatal period	2,182	47,452	1.1	12.0	2.5	4.8	
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	802	33,085	0.4	3.5	1.7	2.0	
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8,461	366,479	4.4	26.8	19.0	1.4	
S00–T98 Injury, poisoning and certain other consequences of external causes	17,267	419,246	9.0	41.1	21.9	1.9	
Z00–Z99 Factors influencing health status and contact with health services	70,914	1,296,248	37.1	227.9	67.1	3.4	
Care involving dialysis	63,206	572,820	33.1	203.3	29.6	6.9	
Other	7,708	723,428	4.0	24.6	37.5	0.7	
Not specified	414	13,169	0.2	1.3	0.7	1.8	
Total (excluding care involving dialysis)	127,451	5,617,438	66.7	373.6	292.0	1.3	
Total (including care involving dialysis)	191,071	6,203,427	100.0	578.1	322.4	1.8	

(a) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail.

(b) The rates were directly age-standardised to the Australian population at 30 June 2001. The separation rate for non-Indigenous persons includes *Not reported*. For details, see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au/>

(c) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for non-Indigenous persons (which includes *Not reported*).

9 Procedures for admitted patients

Introduction

The *National Health Data Dictionary* version 10.0 (NHDC 2001) defines a procedure as a clinical intervention that is surgical in nature; carries a procedural risk; carries an anaesthetic risk; requires specialised training; and/or requires special facilities or equipment only available in an acute care setting. Procedures therefore encompass surgical procedures and also non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy.

Procedures for 2001–02 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories except South Australia, using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2000). South Australia mapped the data collected using that classification forward to codes of the third edition of ICD-10-AM (NCCH 2002). The Institute mapped these data backward to the second edition codes so that national data could be presented in a single classification in this report. The mapped data are not completely equivalent to unmapped data, so this means that the South Australian data should be interpreted with these mappings in mind. Further information about the backward mapping and quality of the ICD-10-AM coded data are presented in Appendix 3.

One or more procedures can be reported for each separation in the National Hospital Morbidity Database, but procedures are not undertaken for all hospital admissions, so only a proportion of the separation records includes procedure data. For example, procedures were reported for 36.7% of separations with a principal diagnosis within the *Certain infectious and parasitic diseases* chapter. This compares with *Diseases of the circulatory system* where 70.2% of separations reported a procedure.

There are two types of data on procedures presented in this chapter:

- data on the separations for which there was one or more procedures reported within the group of procedures (an ICD-10-AM procedure block, group of blocks or chapter) being considered. Because more than one procedure can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows; and
- data on the total number of procedures reported. For these data, all procedures within a group of procedures being considered are counted, even if there is more than one reported for a separation.

The procedure classification is divided into chapters by anatomical site and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These groups are divided into more specific procedure groupings, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes. The tables and figures in this chapter use the groups of blocks, blocks and abbreviated descriptions. Full descriptions of the categories are available in the ICD-10-AM publication.

Most of the information is presented using three methods of grouping procedures based on the ICD-10-AM procedure classification:

- ICD-10-AM procedure chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Figures 9.2 and 9.3 and Table 9.19);
- ICD-10-AM procedure block groupings – these 65 groups were chosen to provide more detailed information than ICD-10-AM chapters, but still cover the entire procedure classification at a manageable level (Tables 9.1 to 9.4). Tables 9.6 and 9.7 present counts of all procedures using these groupings; and
- ICD-10-AM procedure blocks – these 1,594 categories describe procedures at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 9.8 to 9.18) and summary information is provided for all of the groups (for which separations were reported) on the Internet at <http://www.aihw.gov.au> (Tables S9.1 and S9.4).

In addition, Table 9.5 presents information on the number of procedures reported.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals and for public patients, nationally and by state and territory. National information on age group and sex distributions is presented as well as procedure statistics for Indigenous status. The 30 ICD-10-AM procedure blocks with the highest number of separations is also presented.

Some data for private hospitals in Tasmania and the Australian Capital Territory have not been included in Tables 9.4, 9.7, 9.14 and 9.16. The data were supplied but were not published for confidentiality reasons.

Overall, there were about 5.0 million separations for which a procedure was reported, 79.1% of total separations. Eighteen million patient days were reported for separations with a procedure, 78.3% of the total.

Procedures and other data elements reported for separations

The information on procedures reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 9.1 demonstrates this using the example of procedure block *Repair of wound of skin and subcutaneous tissue* (Block 1635) and other data elements in the National Hospital Morbidity Database. There were 29,455 separations for which this procedure was reported, with an average length of stay of 4.6 days. Over 93% of separations admitted to public hospitals. The majority of patients (89%) with this procedure had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. For 0.7% of patients the separation mode was *Died*, in comparison to 1.1% in hospitals overall (Table 6.13). The principal diagnosis mostly associated with this procedure was *Open wound of head (S01)* with 7,697 separations and the most commonly reported AR-DRG was *Injuries Age < 65 (X60C)* with 10,746 separations. Nearly 70% of separations were for males and for 19.9% of separations, the patients were aged 15 to 24 years.

ICD-10-AM chapters

Figures 9.2 and 9.3 provide a summary of the number of separations and patient days by sector, reported for each of the ICD-10-AM procedure chapter groupings.

The highest number of separations in the public sector was for *Procedures on the urinary system* and in the private sector, *Procedures on the digestive system* had the largest number of separations. The highest number of patient days in the public sector was reported for *Imaging services* and in the private sector the highest number of patient days was reported for *Non-invasive, cognitive and interventions, not elsewhere classified*.

For both sectors combined the two chapters with the highest number of separations for procedures were *Procedures on the digestive system*, followed by *Procedures on the urinary system*. The two chapters with the largest numbers of patient days were *Non-invasive, cognitive and interventions, not elsewhere classified* and *Imaging services*.

Broad procedure groupings

Sector

Public hospitals accounted for 56.6% of the separations for which a procedure was reported, although they accounted for 62.0% of the separations overall. Similarly, although 70.0% of overall patient days were in public hospitals, only 66.6% of patient days associated with procedures were in public hospitals. In public hospitals, 72.1% of total separations involved a procedure (2,862,826), and these separations were associated with 74.8% of the 12,165,392 total patient days (Table 9.1). In contrast, 90.3% of total separations in private hospitals involved a procedure (2,192,770), and these separations were associated with 86.3% of total patient days (6,002,697) (Table 9.2). About 87% of separations with a procedure in public hospitals were for public patients, in contrast to just 4.3% in private hospitals.

The private sector reported a higher proportion of separations for 'same day procedures' than the public sector. About 53% (1,571,465) of separations for which a procedure was reported were same day in public hospitals, compared with 63.2% (1,385,360) in private hospitals (Tables 9.1 and 9.2).

Excluding *Administrative/clinical/client support interventions* (Blocks 1909–1915) (1,020,513) and *Generalised allied health interventions* (Block 1916) (688,793), the group of procedures that accounted for the largest number of separations in public hospitals was *Procedures on kidney* (Blocks 1040–1063), which includes haemodialysis. There were 558,065 separations for which procedures in this group were reported, accounting for 771,301 patient days. This group of procedures also accounted for a large number of same day separations (536,843) and public patient separations (498,699).

After *Administrative/clinical/client support interventions* (Blocks 1909–1915) (1,264,697), *Procedures on the large intestine* (Blocks 904–925), which includes colonoscopy, was the group of procedures that accounted for the largest number of separations in private hospitals. There were 273,686 separations for which procedures in this group were reported, accounting for 434,546 patient days. This group of procedures also accounted for a large number of same day separations (247,698). Other groups of procedures that accounted for a large number of separations in private hospitals were *Generalised allied health interventions* (Block 1916) with 274,816 separations and *Other procedures on abdomen, peritoneum and hernia* (Blocks 983–1011) with 269,736 separations.

States and territories

Tables 9.3 and 9.4 contain detail on the pattern of hospital use in the states and territories by procedure grouping, in both the public and private sector. These tables enable state by state comparisons of overall hospital use for the different procedure groupings, and the share of separations between the private and public sector. For example, the proportion of total separations for *Procedures on skull, brain and meninges* (Blocks 1–28) performed in public hospitals in comparison to private hospitals was higher in New South Wales (76.9% or 2,822 separations) than in Queensland (66.5% or 1,364 separations). In contrast, the proportion of total separations for *Procedures on lens* (Blocks 193–203) performed in private hospitals in comparison to public hospitals was higher in Queensland (81.3% or 23,364 separations) than in South Australia (58.3% or 7,066 separations).

Number of procedure codes

Table 9.5 presents information on the number of procedure codes reported to the National Hospital Morbidity Database. Ideally, the number of procedures recorded for a patient should reflect the procedures undertaken, and not be restricted by administrative or technical limitations. There were marked differences between the states and territories in the maximum number of procedures reported, ranging from 31 procedures for Queensland and Western Australia to 20 for New South Wales. However, with the exception of the Northern Territory, the average number of procedure codes per separation varied little among the jurisdictions, for both the public and private sectors. The Institute requested a maximum of 31 codes, so this may have restricted the number of codes reported by Queensland and Western Australia.

In the public sector 5.8% of records had five or more procedure codes, but in the private sector 5.3% of records fell into this category. This may have been due to more complicated cases being treated in public hospitals, or differences in coding practices between the sectors.

Total procedures

Tables 9.6 and 9.7 provide counts of all the procedures reported for 2001–02, by state and territory for the public and private sectors. The totals are the total number of procedures, rather than the total number of separations for which a procedure was reported, as reported elsewhere in this chapter. In total there were 11.5 million procedures reported, 6.4 million in the public sector and 5.1 million in the private sector. The most commonly reported procedure group in public hospitals and private hospitals combined was *Administrative/clinical/client support interventions* (Blocks 1909–1915) (2,395,406). A block which accounted for many of these was *General anaesthesia* (Block 1910), 67.2% of the group overall (1,609,094). This was followed by *Generalised allied health interventions* (Block 1916) (1,625,510) and *Therapeutic interventions* (Blocks 1867–1908) (703,687), with *Transfusion of blood and gamma globulin* (Block 1893) accounting for 28.5% of the group overall (200,772).

After *Administrative/clinical/client support interventions* (Blocks 1909–1915) and *Generalised allied health interventions* (Block 1916), the most commonly reported procedure group in public hospitals was *Procedures on kidney* (Blocks 1040–1063) with 561,815 procedures. In private hospitals, it was *Other procedures on abdomen, peritoneum and hernia* (Blocks 983–1011) and *Procedures on large intestine* (Blocks 904–925) with 278,718 and 278,126 procedures respectively.

High volume procedures

Sector

Tables 9.8 to 9.16 present information on the most common procedures (at the block level of the ICD-10-AM classification).

Tables 9.8 and 9.9 contain summary separation, patient day and average length of stay statistics for the 30 blocks with the highest number of overnight separations in public and private hospitals and Tables 9.10 and 9.11 contain summary separation statistics for same day separations. Table 9.12 contains summary separation, patient day and average length of stay statistics for the procedure blocks with the most separations in private free-standing day hospitals only.

In the public sector, the most common procedure blocks for overnight separations were *Generalised allied health interventions* (Block 1916) (658,122) and *General anaesthesia* (Block 1910) (440,021) (Table 9.8). The average length of stay for separations reporting each of these procedure blocks was 12.1 and 6.1 days respectively. The highest number of patient days was reported for separations with procedures within the *Generalised allied health interventions* (Block 1916) group (7,942,865), followed by separations with *General anaesthesia* (Block 1910) (2,676,831) reported as a procedure.

General anaesthesia (Block 1910) was the most frequently reported procedure for overnight separations in private hospitals (412,678), and the second most frequently reported procedure for same day separations (388,297). The most common procedure for same day separations was *Sedation* (Block 1911) (393,163) (Table 9.11), which was also the third most frequently reported procedure for overnight separations (66,184).

Sedation (Block 1911) was the most frequently reported procedure group in private free-standing day hospitals (128,211), followed by *General anaesthesia* (Block 1910) (62,419) (Table 9.12). Over 42% of the separations for *Haemodialysis* (Block 1059) in private free-standing day hospitals were for public patients (6,414).

States and territories

There was some variation between the states and territories in the relative number of separations for the most common procedure blocks (Tables 9.13 and 9.14). In the public sector, for example, the proportion of total separations for which *Haemodialysis* (Block 1059) was reported was greatest for the Northern Territory (36.5%, 23,149) and lowest in South Australia (11.2%, 40,443). In the private sector, Victoria had relatively high numbers of separations with *Panendoscopy* (Block 1005) (19,585).

There was also some variation between the states and territories in the average length of stay for separations reporting the most common procedure blocks (Tables 9.15 and 9.16). For example, in the public sector, the average length of stay for separations with *Panendoscopy with excision* (Block 1008) ranged from 2.8 days in Western Australia to 6.0 days in Tasmania.

Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with males reporting 79.5% (2,365,203) and females reporting 78.7% (2,690,289) (Tables 9.17 and 9.18). Eighteen of the top 30 procedures were common to both sexes, while some others were more sex-specific, for example, *Medical or surgical induction of labour* (Block

1334). For both males and females, the group of procedures with the most separations was *General anaesthesia* (Block 1910), with the most separations for this group of procedures in the 55 to 64 years age group for males and the 35 to 44 years age group for females.

For males, the highest number of separations with procedures was reported for the 65 to 74 years age group (451,125, 85.6%) (Table 9.17). For females, the age group with the highest number of separations with procedures was the 25 to 34 years age group (388,679, 73.5%) (Table 9.18). Common procedure groups among females in this age group were in relation to labour and delivery, for example *Postpartum suture* (Block 1344) (45,120) and *Medical or surgical induction of labour* (Block 1334) (41,564).

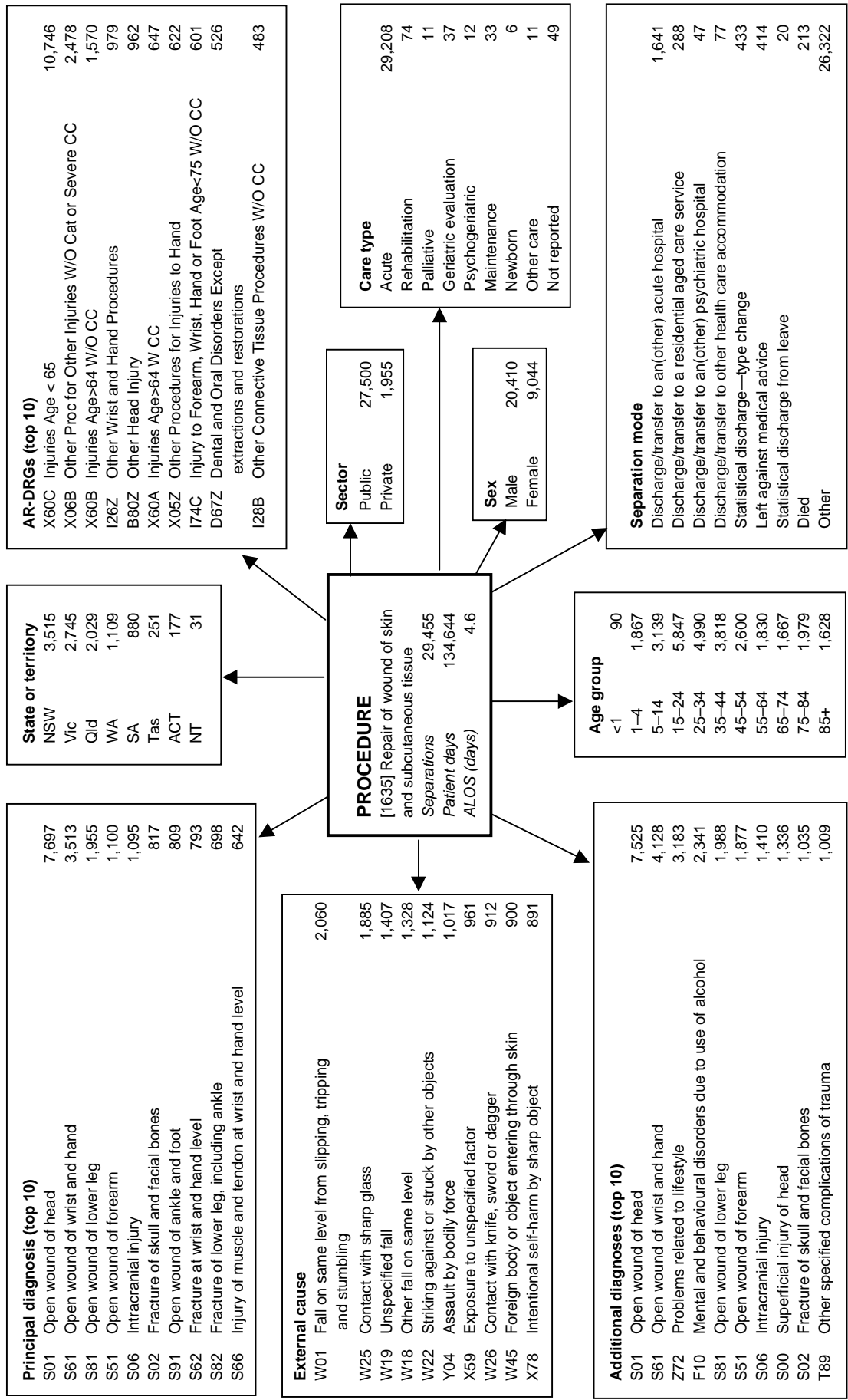
Indigenous status

Table 9.19 contains a comparison between separations identified as Indigenous and non-Indigenous people for each of the ICD-10-AM procedure chapters, including information on procedures per 1,000 population. Apart from the chapter *Non-invasive, cognitive and interventions, not elsewhere classified* (Blocks 1820–1916), *Procedures on urinary system* (Blocks 1040–1128) was the most frequently reported procedure block for patients identified as Indigenous (67,161). For the *Haemodialysis* (Block 1059), the rate for persons identified as Indigenous was over seven times that for non-Indigenous persons. For *Procedures on respiratory system* (Blocks 520–569) the rate for persons identified as Indigenous was nearly twice that of non-Indigenous persons and for *Procedures on ear and mastoid process* (Blocks 300–333) the rate was over 1.5 times that of non-Indigenous persons. Chapters where the rate for persons identified as Indigenous was less than that for non-Indigenous persons include *Procedures on digestive system* (Blocks 850–1011), *Procedures on breast* (Blocks 1740–1759) and *Chemotherapeutic and radiation oncology procedures* (Blocks 1780–1799).

Although population rates for procedures were higher for persons identified as Indigenous, Figure 9.4 shows the proportion of separations with a procedure by ICD-10-AM diagnosis chapter was lower for patients identified as Indigenous than for non-Indigenous patients for almost all of the diagnosis chapters. For example, for *Diseases of the circulatory system*, 71% of separations for non-Indigenous patients had a procedure reported, compared with only 46% of separations for Indigenous patients. The two chapters where the proportion of separations with procedures was higher for Indigenous patients were *Factors influencing health status and contact with health services* and *Certain conditions originating in the perinatal period*. These differences may be affected by the pattern of principal diagnoses reported within chapters.

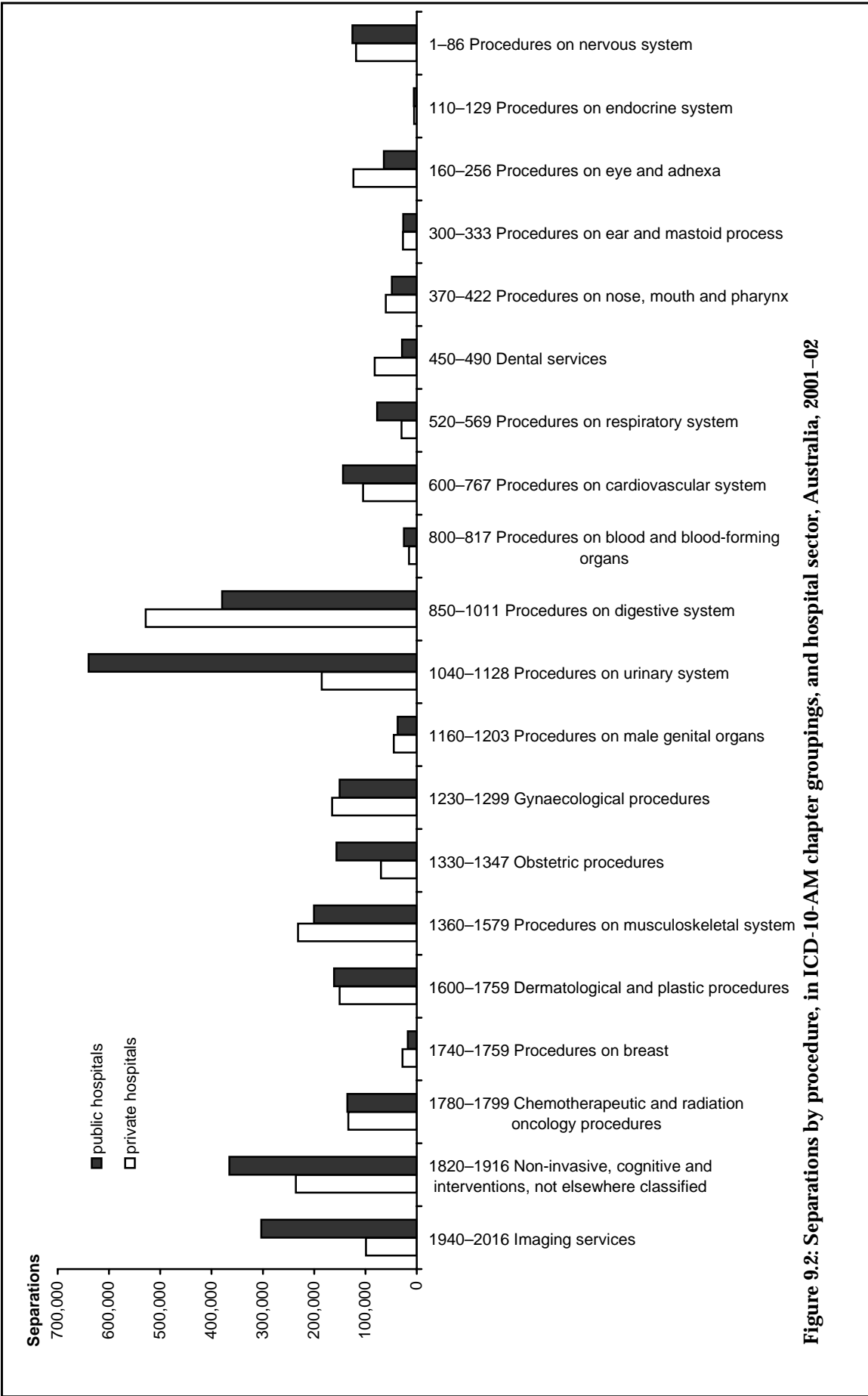
Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/> provide information on the number of separations by five-year age group and ICD-10-AM procedure groupings for males and females. There are also national summary statistics for public and private hospitals for each procedure block, for overnight and same day separations (as presented for the top 30 procedure blocks in Tables 9.8 to 9.11).



Note: Main abbreviations: ALOS—average length of stay, Proc—procedure, W—with, W/O—without, Cat—catastrophic, CC—complication or comorbidity.

Figure 9.1: Interrelationships of a procedure (Block 1635 Repair of wound of skin and subcutaneous tissue) with other data elements, all hospitals, Australia, 2001–02



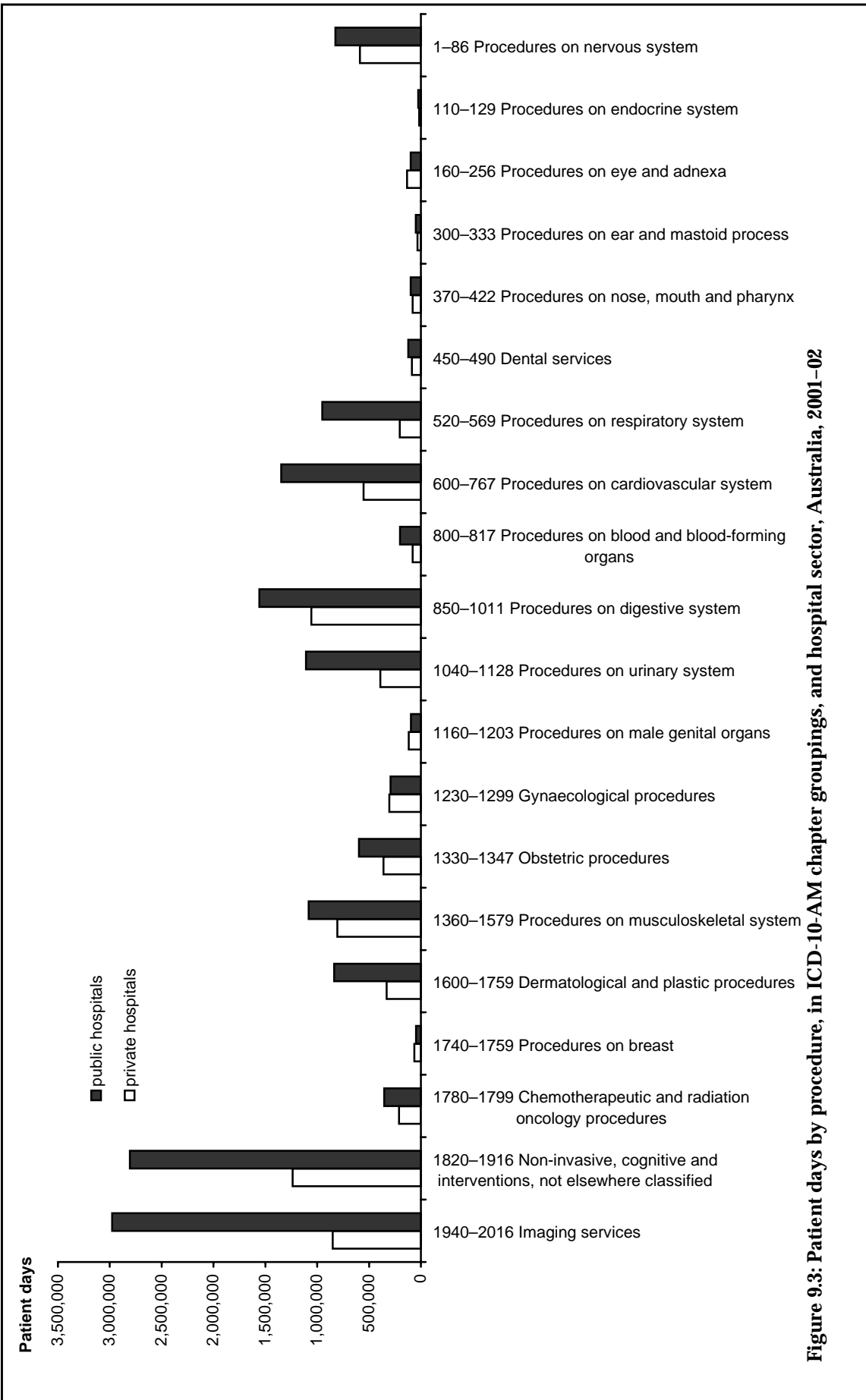


Figure 9.3: Patient days by procedure, in ICD-10-AM chapter groupings, and hospital sector, Australia, 2001-02

Table 9.1: Separation and procedure statistics, by procedure in ICD-10-AM groupings, public hospitals, Australia, 2001-02

Procedure blocks		Separations	Same day separations	Public patient separations	Separations	Patient days	Patient days	ALOS (days)	ALOS (days)
					per 10,000 population		per 10,000 population		excluding same day
1-28	Procedures on skull, meninges and brain	8,598	154	6,346	4.4	128,013	65.5	14.9	15.1
29-59	Procedures on spinal canal and spinal cord structures	94,274	12,278	81,214	48.3	658,914	337.4	7.0	7.9
60-86	Procedures on peripheral nervous system	23,670	16,025	20,000	12.1	58,758	30.1	2.5	5.6
110-129	Procedures on parathyroid and thyroid glands	5,424	199	4,685	2.8	26,637	13.6	4.9	5.1
160-192	Procedures on eyeball, cornea, sclera, iris and ciliary body	7,769	4,890	5,904	4.0	18,081	9.3	2.3	4.6
193-203	Procedures on lens	44,433	39,548	34,943	22.7	50,026	25.6	1.1	2.1
204-256	Procedures on retina, conjunctiva and other areas of eye	16,222	9,317	11,728	8.3	39,362	20.2	2.4	4.4
300-306	Procedures on external ear	3,297	1,683	2,867	1.7	8,384	4.3	2.5	4.2
307-333	Procedures on eardrum, middle and inner ear and mastoid	23,991	16,335	20,485	12.3	40,993	21.0	1.7	3.2
370-389	Procedures on nose and sinuses	21,599	7,012	18,587	11.1	45,210	23.1	2.1	2.6
390-399	Procedures on tongue, salivary gland and ducts	4,045	1,867	3,339	2.1	14,402	7.4	3.6	5.8
400-408	Procedures on mouth, palate or uvula	4,950	2,460	4,156	2.5	13,668	7.0	2.8	4.5
409-422	Procedures on tonsils, adenoids and pharynx	22,296	4,026	18,924	11.4	34,866	17.9	1.6	1.7
450-490	Dental and orthodontic procedures	28,774	24,223	22,748	14.7	122,118	62.5	4.2	21.5
520-542	Procedures on larynx and trachea	9,670	3,148	8,028	5.0	190,763	97.7	19.7	28.8
543-558	Procedures on bronchus, lung and pleura	22,094	8,856	17,954	11.3	212,772	108.9	9.6	15.4
559-567	Procedures on chest wall, mediastinum and diaphragm	17,104	1,467	13,868	8.8	222,906	114.1	13.0	14.2
568-569	Airway management, continuous ventilatory support	40,690	3,665	33,460	20.8	679,086	347.7	16.7	18.2
600-638	Procedures on atrium, ventricle, septum and valves	32,940	10,186	26,825	16.9	184,819	94.6	5.6	7.7
639-666	Other procedures on heart, myocardium and pericardium	22,778	2,591	18,826	11.7	203,906	104.4	9.0	10.0
667-693	Procedures on coronary arteries and aorta	51,597	12,119	42,673	26.4	289,516	148.2	5.6	7.0
694-767	Procedures on arteries and veins	82,355	18,303	69,267	42.2	1,044,462	534.8	12.7	16.0
800-817	Procedures on blood and blood-forming organs	25,088	9,038	20,991	12.8	201,023	102.9	8.0	12.0
850-869	Procedures on oesophagus	10,939	6,015	9,229	5.6	53,067	27.2	4.9	9.6
870-890	Procedures on stomach	12,747	2,790	10,601	6.5	212,665	108.9	16.7	21.1
891-903	Procedures on small intestine	7,012	163	5,745	3.6	135,234	69.2	19.3	19.7
904-925	Procedures on large intestine	127,100	95,957	110,100	65.1	421,669	215.9	3.3	10.5
926-927	Procedures on appendix	19,432	118	16,681	9.9	79,464	40.7	4.1	4.1
928-950	Procedures on rectum and anus	28,255	12,784	24,747	14.5	120,499	61.7	4.3	7.0
951-982	Procedures on liver, gallbladder, biliary tract and pancreas	42,430	7,921	36,439	21.7	223,003	114.2	5.3	6.2
983-1011	Other procedures on abdomen, peritoneum and hernia	195,933	108,598	168,819	100.3	871,321	446.1	4.4	8.7
1040-1063	Procedures on kidney	558,065	536,843	498,699	285.7	771,301	394.9	1.4	11.0
1064-1128	Procedures on bladder, ureter and urethra	83,767	42,664	72,305	42.9	363,150	185.9	4.3	7.8
1160-1170	Procedures on prostate and seminal vesicle	11,123	1,218	9,646	5.7	59,123	30.3	5.3	5.8

(continued)

Table 9.1 (continued): Separation and procedure statistics, by procedure in ICD-10-AM groupings, public hospitals, Australia, 2001–02

Procedure blocks	Separations	Separations		Separations per 10,000 population	Patient days	Patient days		ALOS (days)	ALOS (days) excluding same day
		Same day separations	Public patient separations			per 10,000 population	per 10,000 population		
1171–1176 Procedures on scrotum and tunical vaginalis	2,341	644	1,996	1.2	5,342	2.7	2.3	2.8	
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	13,586	9,556	11,429	7.0	19,947	10.2	1.5	2.6	
1190–1203 Procedures on penis and other male genital organs	11,498	9,515	9,933	5.9	15,677	8.0	1.4	3.1	
1240–1258 Procedures on ovaries and fallopian tubes	30,049	14,812	25,988	15.4	74,362	38.1	2.5	3.9	
1259–1273 Procedures on uterus	100,571	70,478	86,496	51.5	177,538	90.9	1.8	3.6	
1274–1278 Procedures on cervix	20,003	17,812	17,800	10.2	26,568	13.6	1.3	4.0	
1279–1288 Procedures on vagina and pelvic floor	22,033	12,025	19,789	11.3	53,836	27.6	2.4	4.2	
1289–1299 Procedures on other female genital organs	16,487	11,564	11,140	8.4	31,387	16.1	1.9	4.0	
1330–1335 Induction and augmentation of labour	91,999	3,437	83,073	47.1	344,570	176.4	3.7	3.9	
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	32,749	694	29,800	16.8	120,887	61.9	3.7	3.7	
1340 Caesarean delivery	39,804	138	34,897	20.4	223,799	114.6	5.6	5.6	
1341–1347 Other obstetric and postpartum procedures	82,990	5,035	74,739	42.5	288,691	147.8	3.5	3.6	
1360–1372 Procedures on head, facial bones and joints	6,823	2,755	5,727	3.5	21,153	10.8	3.1	4.5	
1373–1380 Procedures on neck, thorax and ribs	569	60	454	0.3	9,794	5.0	17.2	19.1	
1381–1393 Procedures on spinal cord and vertebrae	2,592	84	1,877	1.3	44,364	22.7	17.1	17.7	
1394–1407 Procedures on shoulder, scapula and clavicle	8,736	2,017	7,587	4.5	27,530	14.1	3.2	3.8	
1408–1438 Procedures on humerus, elbow and forearm	30,668	6,263	24,946	15.7	93,099	47.7	3.0	3.6	
1439–1475 Procedures on hand, wrist and phalanges	27,488	12,934	22,733	14.1	56,975	29.2	2.1	3.0	
1476–1494 Procedures on hip, pelvis and femur	28,830	376	22,598	14.8	363,139	185.9	12.6	12.7	
1495–1525 Procedures on knee, patella, tibia and fibula	41,089	17,115	35,110	21.0	219,951	112.6	5.4	8.5	
1526–1549 Procedures on ankle, foot and toes	19,685	2,908	16,055	10.1	123,010	63.0	6.2	7.2	
1550–1579 Other procedures for musculoskeletal system	52,575	18,683	42,365	26.9	367,792	188.3	7.0	10.3	
1600–1660 Procedures on skin and subcutaneous tissue	152,514	77,045	129,477	78.1	804,559	411.9	5.3	9.6	
1661–1718 Plastic, cosmetic and corrective procedures	11,169	3,453	8,923	5.7	63,167	32.3	5.7	7.7	
1740–1759 Procedures on breast	17,336	7,886	15,245	8.9	47,422	24.3	2.7	4.2	
1780–1799 Chemotherapeutic and radiation oncology procedures	135,313	110,568	117,351	69.3	354,473	181.5	2.6	9.9	
1820–1866 Diagnostic interventions	46,881	13,337	40,421	24.0	493,527	252.7	10.5	14.3	
1867–1908 Therapeutic interventions	351,669	138,776	295,222	180.1	2,697,052	1,380.9	7.7	12.0	
1909–1915 Administrative/clinical/client support interventions	1,020,513	506,912	862,292	522.5	3,779,046	1,934.9	3.7	6.4	
1916 Generalised allied health interventions	688,793	30,671	577,555	352.7	7,973,536	4,082.4	11.6	12.1	
1940–2016 Imaging services	302,879	45,264	247,672	155.1	2,978,508	1,525.0	9.8	11.4	
No procedure or not reported	1,105,483	370,777	978,560	563.9	4,100,965	2,092.0	3.7	5.1	
Total^(a)	3,968,309	1,888,242	3,440,661	2,031.8	16,266,357	8,328.3	4.1	6.9	

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.

Table 9.2: Separation and procedure statistics, by procedure in ICD-10-AM groupings, private hospitals, Australia, 2001-02

Procedure blocks		Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
1-28	Procedures on skull, meninges and brain	3,009	45	6	1.5	32,082	16.4	10.7	10.8
29-59	Procedures on spinal canal and spinal cord structures	81,054	13,038	2,864	41.5	501,128	256.6	6.2	7.2
60-86	Procedures on peripheral nervous system	36,661	26,185	1,196	18.8	67,004	34.3	1.8	3.9
110-129	Procedures on parathyroid and thyroid glands	5,144	91	77	2.6	17,213	8.8	3.3	3.4
160-192	Procedures on eyeball, cornea, sclera, iris and ciliary body	12,365	10,623	211	6.3	13,875	7.1	1.1	1.9
193-203	Procedures on lens	99,751	85,652	2,211	51.1	103,438	53.0	1.0	1.3
204-256	Procedures on retina, conjunctiva and other areas of eye	20,585	15,832	387	10.5	25,109	12.9	1.2	2.0
300-306	Procedures on external ear	2,220	827	58	1.1	2,960	1.5	1.3	1.5
307-333	Procedures on eardrum, middle and inner ear and mastoid	25,729	18,606	564	13.2	30,792	15.8	1.2	1.7
370-389	Procedures on nose and sinuses	31,732	9,396	628	16.2	41,450	21.2	1.3	1.4
390-399	Procedures on tongue, salivary gland and ducts	3,319	1,532	77	1.7	6,826	3.5	2.1	3.0
400-408	Procedures on mouth, palate or uvula	7,251	4,680	117	3.7	9,671	5.0	1.3	1.9
409-422	Procedures on tonsils, adenoids and pharynx	24,488	5,854	636	12.5	29,714	15.2	1.2	1.3
450-490	Dental and orthodontic procedures	81,921	75,448	366	41.9	86,167	44.1	1.1	1.7
520-542	Procedures on larynx and trachea	4,560	2,756	135	2.3	33,494	17.1	7.3	17.0
543-558	Procedures on bronchus, lung and pleura	8,699	3,447	125	4.5	66,678	34.1	7.7	12.0
559-567	Procedures on chest wall, mediastinum and diaphragm	5,979	342	243	3.1	66,801	34.2	11.2	11.8
568-569	Airway management, continuous ventilatory support	13,654	283	412	7.0	103,632	53.1	7.6	7.7
600-638	Procedures on atrium, ventricle, septum and valves	41,544	14,094	534	21.3	152,122	77.9	3.7	5.0
639-666	Other procedures on heart, myocardium and pericardium	16,776	1,361	53	8.6	132,757	68.0	7.9	8.5
667-693	Procedures on coronary arteries and aorta	54,139	16,170	640	27.7	209,969	107.5	3.9	5.1
694-767	Procedures on arteries and veins	44,123	9,365	1,190	22.6	326,683	167.3	7.4	9.1
800-817	Procedures on blood and blood-forming organs	15,240	4,817	237	7.8	78,513	40.2	5.2	7.1
850-869	Procedures on oesophagus	10,660	8,607	183	5.5	25,495	13.1	2.4	8.2
870-890	Procedures on stomach	7,479	874	132	3.8	61,766	31.6	8.3	9.2
891-903	Procedures on small intestine	4,367	237	133	2.2	61,376	31.4	14.1	14.8
904-925	Procedures on large intestine	273,686	247,698	5,032	140.1	434,546	222.5	1.6	7.2
926-927	Procedures on appendix	7,245	52	554	3.7	29,789	15.3	4.1	4.1
928-950	Procedures on rectum and anus	34,288	18,949	996	17.6	106,406	54.5	3.1	5.7
951-982	Procedures on liver, gallbladder, biliary tract and pancreas	27,623	2,314	1,168	14.1	104,609	53.6	3.8	4.0
983-1011	Other procedures on abdomen, peritoneum and hernia	269,736	200,129	5,813	138.1	585,069	299.6	2.2	5.5
1040-1063	Procedures on kidney	94,491	89,795	26,908	48.4	134,016	68.6	1.4	9.4
1064-1128	Procedures on bladder, ureter and urethra	92,109	52,070	3,223	47.2	267,658	137.0	2.9	5.4
1160-1170	Procedures on prostate and seminal vesicle	20,041	4,946	409	10.3	84,737	43.4	4.2	5.3

(continued)

Table 9.2 (continued): Separation and procedure statistics, by procedure in ICD-10-AM groupings, private hospitals, Australia, 2001–02

Procedure blocks	Separations	Separations			Patient days per 10,000 population	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
		Same day separations	Public patient separations	per 10,000 population				
1171–1176 Procedures on scrotum and tunical vaginalis	1,221	560	65	0.6	2,179	1.1	1.8	2.4
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	16,512	12,313	443	8.5	21,274	10.9	1.3	2.1
1190–1203 Procedures on penis and other male genital organs	7,826	6,024	333	4.0	12,103	6.2	1.5	3.4
1240–1258 Procedures on ovaries and fallopian tubes	24,552	13,697	930	12.6	53,502	27.4	2.2	3.7
1259–1273 Procedures on uterus	110,991	82,418	3,237	56.8	197,771	101.3	1.8	4.0
1274–1278 Procedures on cervix	13,222	11,897	616	6.8	16,212	8.3	1.2	3.3
1279–1288 Procedures on vagina and pelvic floor	18,474	4,904	721	9.5	66,604	34.1	3.6	4.5
1289–1299 Procedures on other female genital organs	38,863	34,121	420	19.9	51,086	26.2	1.3	3.6
1330–1335 Induction and augmentation of labour	40,937	245	1,829	21.0	206,724	105.8	5.0	5.1
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	17,727	51	1,429	9.1	89,442	45.8	5.0	5.1
1340 Caesarean delivery	24,504	23	872	12.5	156,183	80.0	6.4	6.4
1341–1347 Other obstetric and postpartum procedures	35,980	1,301	1,335	18.4	168,826	86.4	4.7	4.8
1360–1372 Procedures on head, facial bones and joints	4,001	2,697	39	2.0	5,676	2.9	1.4	2.3
1373–1380 Procedures on neck, thorax and ribs	437	26	6	0.2	5,303	2.7	12.1	12.8
1381–1393 Procedures on spinal cord and vertebrae	4,376	220	33	2.2	37,783	19.3	8.6	9.0
1394–1407 Procedures on shoulder, scapula and clavicle	23,574	1,832	363	12.1	51,187	26.2	2.2	2.3
1408–1438 Procedures on humerus, elbow and forearm	10,107	2,626	601	5.2	25,110	12.9	2.5	3.0
1439–1475 Procedures on hand, wrist and phalanges	25,212	15,415	566	12.9	32,892	16.8	1.3	1.8
1476–1494 Procedures on hip, pelvis and femur	19,588	437	638	10.0	212,828	109.0	10.9	11.1
1495–1525 Procedures on knee, patella, tibia and fibula	90,461	48,228	1,679	46.3	278,764	142.7	3.1	5.5
1526–1549 Procedures on ankle, foot and toes	22,293	6,005	504	11.4	66,821	34.2	3.0	3.7
1550–1579 Other procedures for musculoskeletal system	58,756	25,412	1,361	30.1	207,432	106.2	3.5	5.5
1600–1660 Procedures on skin and subcutaneous tissue	127,118	93,823	3,150	65.1	285,189	146.0	2.2	5.7
1661–1718 Plastic, cosmetic and corrective procedures	29,342	13,500	262	15.0	60,838	31.1	2.1	3.0
1740–1759 Procedures on breast	27,689	10,921	478	14.2	63,338	32.4	2.3	3.1
1780–1799 Chemotherapeutic and radiation oncology procedures	133,482	121,114	6,923	68.3	210,738	107.9	1.6	7.2
1820–1866 Diagnostic interventions	36,649	7,225	1,267	18.8	134,888	69.1	3.7	4.3
1867–1908 Therapeutic interventions	215,160	118,594	8,040	110.2	1,237,820	633.8	5.8	11.6
1909–1915 Administrative/clinical/client support interventions	1,264,697	786,860	29,255	647.5	2,855,701	1,462.1	2.3	4.3
1916 Generalised allied health interventions	274,816	33,749	11,086	140.7	2,640,216	1,351.8	9.6	10.8
1940–2016 Imaging services	98,838	19,865	4,910	50.6	851,407	435.9	8.6	10.5
No procedure or not reported	233,419	67,736	17,450	119.1	954,708	487.0	4.1	5.4
Total^(a)	2,426,189	1,453,096	104,766	1,242.2	6,957,405	3,562.2	2.9	5.7

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.

Table 9.3: Separations, by procedure in ICD-10-AM groupings, public hospitals, states and territories, 2001-02

Procedure blocks		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-28	Procedures on skull, meninges and brain	2,822	2,369	1,364	883	669	216	202	73	8,598
29-59	Procedures on spinal canal and spinal cord structures	25,557	30,124	16,980	8,291	8,216	2,647	1,202	1,257	94,274
60-86	Procedures on peripheral nervous system	6,655	6,105	4,027	3,296	2,546	536	308	197	23,670
110-129	Procedures on parathyroid and thyroid glands	2,028	1,441	1,011	327	407	121	63	26	5,424
160-192	Procedures on eyeball, cornea, sclera, iris and ciliary body	2,492	1,943	1,401	922	745	98	44	124	7,769
193-203	Procedures on lens	14,705	13,364	5,386	4,748	5,059	120	670	381	44,433
204-256	Procedures on retina, conjunctiva and other areas of eye	5,115	4,695	2,349	1,632	1,966	150	126	189	16,222
300-306	Procedures on external ear	841	812	873	353	260	53	39	66	3,297
307-333	Procedures on eardrum, middle and inner ear and mastoid	5,290	7,023	5,371	2,710	2,758	245	356	238	23,991
370-389	Procedures on nose and sinuses	4,972	7,059	3,952	2,073	2,881	238	282	142	21,599
390-399	Procedures on tongue, salivary gland and ducts	1,408	1,099	662	337	368	68	75	28	4,045
400-408	Procedures on mouth, palate or uvula	1,213	1,574	1,027	513	405	106	74	38	4,950
409-422	Procedures on tonsils, adenoids and pharynx	5,770	7,212	4,105	2,133	2,355	246	337	138	22,296
450-490	Dental and orthodontic procedures	6,019	9,683	6,513	2,561	2,743	526	299	430	28,774
520-542	Procedures on larynx and trachea	2,942	2,708	1,927	813	827	176	150	127	9,670
543-558	Procedures on bronchus, lung and pleura	6,918	5,977	4,459	1,920	1,712	696	242	170	22,094
559-567	Procedures on chest wall, mediastinum and diaphragm	5,645	4,563	3,164	1,585	1,271	383	320	173	17,104
568-569	Airway management, continuous ventilatory support	13,267	12,074	6,578	3,395	3,280	716	789	591	40,690
600-638	Procedures on atrium, ventricle, septum and valves	10,918	6,991	5,532	4,362	3,250	520	1,215	152	32,940
639-666	Other procedures on heart, myocardium and pericardium	7,432	6,426	3,976	1,891	1,890	583	534	46	22,778
667-693	Procedures on coronary arteries and aorta	16,877	12,009	7,969	5,608	5,656	1,573	1,706	199	51,597
694-767	Procedures on arteries and veins	25,429	21,981	14,299	7,119	7,227	2,575	2,818	907	82,355
800-817	Procedures on blood and blood-forming organs	7,077	7,329	4,976	2,569	1,976	468	568	125	25,088
850-869	Procedures on oesophagus	3,575	2,713	1,983	823	1,170	319	268	88	10,939
870-890	Procedures on stomach	3,732	4,078	2,175	1,002	1,223	223	207	107	12,747
891-903	Procedures on small intestine	2,402	1,845	1,208	645	560	174	137	41	7,012
904-925	Procedures on large intestine	44,413	30,935	18,891	15,813	12,023	1,591	2,523	911	127,100
926-927	Procedures on appendix	6,538	4,966	3,522	1,965	1,290	427	469	255	19,432
928-950	Procedures on rectum and anus	10,901	7,235	3,924	2,540	2,671	447	334	203	28,255
951-982	Procedures on liver, gallbladder, biliary tract and pancreas	14,593	11,585	6,835	3,580	3,765	914	857	301	42,430
983-1011	Other procedures on abdomen, peritoneum and hernia	62,728	54,998	32,962	19,634	17,645	2,712	3,413	1,841	195,933
1040-1063	Procedures on kidney	148,669	177,638	81,862	58,314	41,648	12,885	13,734	23,315	558,065
1064-1128	Procedures on bladder, ureter and urethra	28,375	22,756	11,886	8,913	8,258	1,768	1,250	561	83,767
1160-1170	Procedures on prostate and seminal vesicle	3,537	3,699	1,516	827	1,064	283	138	59	11,123

(continued)

Table 9.3 (continued): Separations, by procedure in ICD-10-AM groupings, public hospitals, states and territories, 2001–02

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171–1176 Procedures on scrotum and tunical vaginalis	832	614	331	233	201	61	38	31	2,341
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	4,056	4,290	1,734	1,522	1,534	203	140	107	13,562
1190–1203 Procedures on penis and other male genital organs	4,201	3,534	1,173	1,103	1,067	123	79	218	11,406
1240–1258 Procedures on ovaries and fallopian tubes	8,914	9,168	4,559	3,630	2,452	541	344	441	30,091
1259–1273 Procedures on uterus	29,352	32,108	13,316	9,030	12,469	1,414	1,210	1,672	100,698
1274–1278 Procedures on cervix	5,129	5,418	5,499	1,252	1,955	204	214	332	20,022
1279–1288 Procedures on vagina and pelvic floor	5,239	4,948	5,658	1,925	3,809	263	137	54	22,044
1289–1299 Procedures on other female genital organs	5,492	5,830	1,792	1,182	1,720	195	142	134	16,521
1330–1335 Induction and augmentation of labour	31,229	23,340	17,475	8,270	7,241	1,741	1,483	1,220	89,215
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	6,323	4,929	7,796	11,240	1,622	387	286	166	32,735
1340 Caesarean delivery	13,172	10,273	7,669	3,479	3,288	671	551	701	39,799
1341–1347 Other obstetric and postpartum procedures	28,163	19,451	17,462	7,450	6,704	1,433	1,357	970	82,880
1360–1372 Procedures on head, facial bones and joints	2,128	1,628	1,311	645	621	150	165	175	6,851
1373–1380 Procedures on neck, thorax and ribs	191	154	92	42	62	15	12	1	580
1381–1393 Procedures on spinal cord and vertebrae	789	760	517	277	151	44	54	0	2,584
1394–1407 Procedures on shoulder, scapula and clavicle	2,544	2,236	1,763	900	889	150	171	83	8,736
1408–1438 Procedures on humerus, elbow and forearm	11,595	7,256	5,235	2,646	2,151	593	625	567	30,677
1439–1475 Procedures on hand, wrist and phalanges	8,557	7,359	4,854	2,755	2,415	567	477	504	27,470
1476–1494 Procedures on hip, pelvis and femur	10,353	7,818	4,316	2,423	2,442	694	604	180	28,878
1495–1525 Procedures on knee, patella, tibia and fibula	12,151	11,280	7,193	3,630	4,581	757	972	525	41,078
1526–1549 Procedures on ankle, foot and toes	6,337	5,316	3,396	1,808	1,622	501	453	252	19,702
1550–1579 Other procedures for musculoskeletal system	15,862	14,792	9,336	5,397	4,068	1,254	952	914	52,900
1600–1660 Procedures on skin and subcutaneous tissue	41,139	36,099	35,517	14,332	18,865	2,588	1,758	2,216	150,011
1661–1718 Plastic, cosmetic and corrective procedures	2,745	3,879	1,780	986	1,356	204	135	84	11,159
1740–1759 Procedures on breast	5,377	5,070	2,758	1,837	1,545	327	270	152	13,987
1780–1799 Chemotherapeutic and radiation oncology procedures	12,619	51,298	30,686	16,369	15,953	2,899	4,736	753	136,285
1820–1866 Diagnostic interventions	14,420	6,760	9,014	4,531	10,912	795	343	106	45,804
1867–1908 Therapeutic interventions	112,747	91,195	56,823	33,392	37,648	11,282	5,704	2,878	346,447
1909–1915 Administrative/clinical/client support interventions	335,762	282,635	163,990	96,913	94,654	18,274	17,173	11,112	684,843
1916 Generalised allied health interventions	241,047	185,053	111,598	63,302	56,894	13,638	11,473	5,788	689,362
1940–2016 Imaging services	117,314	80,909	45,364	22,980	21,758	6,562	5,311	2,681	303,922
No procedure or not reported	411,902	270,066	210,230	76,276	90,332	20,630	8,544	17,503	1,105,483
Total^(a)	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 9.4: Separations, by procedure in ICD-10-AM groupings, private hospitals, states and territories, 2001–02

Procedure blocks		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–28	Procedures on skull, meninges and brain	849	894	687	225	220	n.p.	n.p.	..	3,009
29–60	Procedures on spinal canal and spinal cord structures	19,910	20,599	17,775	11,679	7,057	3,150	884	..	81,054
61–86	Procedures on peripheral nervous system	8,938	7,666	7,397	6,401	4,278	n.p.	n.p.	..	36,661
110–129	Procedures on parathyroid and thyroid glands	1,768	1,164	1,115	477	423	n.p.	n.p.	..	5,144
160–192	Procedures on eyeball, cornea, sclera, iris and ciliary body	3,855	1,684	3,719	1,186	1,508	n.p.	n.p.	..	12,365
193–203	Procedures on lens	36,310	19,938	23,364	8,533	7,066	n.p.	n.p.	..	99,751
204–256	Procedures on retina, conjunctiva and other areas of eye	6,113	3,812	6,167	2,424	1,098	n.p.	n.p.	..	20,585
300–306	Procedures on external ear	759	402	420	303	241	n.p.	n.p.	..	2,220
307–333	Procedures on eardrum, middle and inner ear and mastoid	7,691	5,266	4,964	3,425	3,435	n.p.	n.p.	..	25,729
370–389	Procedures on nose and sinuses	10,147	6,625	6,037	3,574	4,140	n.p.	n.p.	..	31,732
390–399	Procedures on tongue, salivary gland and ducts	1,077	685	683	430	307	n.p.	n.p.	..	3,319
400–408	Procedures on mouth, palate or uvula	1,934	1,542	1,406	1,266	867	164	72	..	7,251
409–422	Procedures on tonsils, adenoids and pharynx	8,544	4,473	5,349	2,909	2,372	n.p.	n.p.	..	24,488
450–490	Dental and orthodontic procedures	22,987	20,771	16,624	12,184	6,571	n.p.	n.p.	..	81,921
520–542	Procedures on larynx and trachea	1,268	1,077	970	601	496	n.p.	n.p.	..	4,560
543–558	Procedures on bronchus, lung and pleura	1,642	2,316	2,717	705	931	n.p.	n.p.	..	8,699
559–567	Procedures on chest wall, mediastinum and diaphragm	1,148	1,599	1,588	733	574	212	125	..	5,979
568–569	Airway management, continuous ventilatory support	3,956	3,234	4,154	591	1,319	342	58	..	13,654
600–638	Procedures on atrium, ventricle, septum and valves	13,267	10,277	10,393	3,507	3,104	n.p.	n.p.	..	41,544
639–666	Other procedures on heart, myocardium and pericardium	5,721	4,567	3,890	857	1,560	n.p.	n.p.	..	16,776
667–693	Procedures on coronary arteries and aorta	17,728	14,561	11,891	4,372	3,801	n.p.	n.p.	..	54,139
694–767	Procedures on arteries and veins	10,753	12,758	10,557	3,970	3,710	n.p.	n.p.	..	44,123
800–817	Procedures on blood and blood-forming organs	3,564	3,404	4,852	1,315	1,382	439	284	..	15,240
850–869	Procedures on oesophagus	3,002	1,988	3,340	526	1,238	n.p.	n.p.	..	10,660
870–890	Procedures on stomach	1,260	2,164	2,130	732	823	311	59	..	7,479
891–903	Procedures on small intestine	1,092	1,071	1,073	491	457	107	76	..	4,367
904–925	Procedures on large intestine	91,385	64,387	67,751	26,090	17,256	n.p.	n.p.	..	273,686
926–927	Procedures on appendix	1,451	1,395	2,345	1,095	619	276	64	..	7,245
928–950	Procedures on rectum and anus	13,824	6,474	7,194	3,095	2,531	852	318	..	34,288
951–982	Procedures on liver, gallbladder, biliary tract and pancreas	8,216	6,165	6,336	3,105	2,545	737	519	..	27,623
983–1011	Other procedures on abdomen, peritoneum and hernia	82,565	66,967	68,611	25,223	18,408	6,246	1,716	..	269,736
1040–1063	Procedures on kidney	18,210	13,903	31,658	17,985	12,438	n.p.	n.p.	..	94,491
1064–1128	Procedures on bladder, ureter and urethra	29,625	18,615	20,033	10,627	8,616	2,843	1,750	..	92,109
1160–1170	Procedures on prostate and seminal vesicle	6,634	5,487	3,946	1,630	1,315	n.p.	n.p.	..	20,041

(continued)

Table 9.4 (continued): Separations, by procedure in ICD-10-AM groupings, private hospitals, states and territories, 2001-02

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171-1176 Procedures on scrotum and tunical vaginalis	458	225	230	153	83	n.p.	n.p.	..	1,221
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	5,791	3,789	2,858	1,680	1,574	n.p.	n.p.	..	16,512
1190-1203 Procedures on penis and other male genital organs	3,158	1,517	1,185	1,024	494	n.p.	n.p.	..	7,826
1240-1258 Procedures on ovaries and fallopian tubes	7,548	5,591	5,076	3,016	1,932	n.p.	n.p.	..	24,552
1259-1273 Procedures on uterus	37,767	27,167	22,821	12,045	6,667	n.p.	n.p.	..	110,991
1274-1278 Procedures on cervix	4,709	2,855	3,195	1,090	679	n.p.	n.p.	..	13,222
1279-1288 Procedures on vagina and pelvic floor	6,156	3,257	4,108	2,319	1,531	n.p.	n.p.	..	18,474
1289-1299 Procedures on other female genital organs	13,299	9,596	9,308	3,098	1,674	n.p.	n.p.	..	38,863
1330-1335 Induction and augmentation of labour	13,549	8,199	8,373	5,633	3,152	n.p.	n.p.	..	40,937
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	3,798	2,531	4,034	5,964	790	n.p.	n.p.	..	17,727
1340 Caesarean delivery	7,201	4,468	6,282	3,607	1,819	n.p.	n.p.	..	24,504
1341-1347 Other obstetric and postpartum procedures	11,710	7,644	7,787	4,317	2,708	n.p.	n.p.	..	35,980
1360-1372 Procedures on head, facial bones and joints	1,115	918	828	468	495	92	85	..	4,001
1373-1380 Procedures on neck, thorax and ribs	147	95	113	31	38	n.p.	n.p.	..	437
1381-1393 Procedures on spinal cord and vertebrae	1,174	1,208	903	438	471	n.p.	n.p.	..	4,376
1394-1407 Procedures on shoulder, scapula and clavicle	6,586	5,743	4,086	3,684	2,628	430	417	..	23,574
1408-1438 Procedures on humerus, elbow and forearm	2,574	2,358	2,401	1,273	1,041	n.p.	n.p.	..	10,107
1439-1475 Procedures on hand, wrist and phalanges	7,300	5,929	5,137	2,988	2,755	n.p.	n.p.	..	25,212
1476-1494 Procedures on hip, pelvis and femur	5,248	5,473	3,798	2,067	2,022	n.p.	n.p.	..	19,588
1495-1525 Procedures on knee, patella, tibia and fibula	28,573	22,095	15,178	10,154	10,418	2,376	1,667	..	90,461
1526-1549 Procedures on ankle, foot and toes	6,449	6,037	3,538	2,969	2,224	662	414	..	22,293
1550-1579 Other procedures for musculoskeletal system	18,998	15,310	9,662	6,720	5,738	1,515	813	..	58,756
1600-1660 Procedures on skin and subcutaneous tissue	38,967	24,384	30,880	12,529	14,135	n.p.	n.p.	..	127,118
1661-1718 Plastic, cosmetic and corrective procedures	9,060	6,728	5,894	3,333	3,191	n.p.	n.p.	..	29,342
1740-1759 Procedures on breast	8,170	6,386	6,274	3,253	2,376	634	596	..	27,689
1780-1799 Chemotherapeutic and radiation oncology procedures	24,922	37,374	38,249	16,211	12,023	n.p.	n.p.	..	133,482
1820-1866 Diagnostic interventions	12,162	7,255	9,931	2,309	3,272	n.p.	n.p.	..	36,649
1867-1908 Therapeutic interventions	60,415	41,465	73,346	20,107	13,930	4,043	1,854	..	215,160
1909-1915 Administrative/clinical/client support interventions	419,176	276,222	289,587	127,057	102,013	36,036	14,606	..	1,264,697
1916 Generalised allied health interventions	84,922	72,276	60,605	18,460	28,937	6,367	3,249	..	274,816
1940-2016 Imaging services	25,883	23,330	25,697	11,689	7,653	3,659	927	..	98,838
No procedure or not reported	41,950	70,867	61,351	26,070	17,981	13,327	1,873	..	233,419
Total^(a)	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

.. not available.

n.p. not published.

Table 9.5: Separations, by number of procedures reported and hospital sector, states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital sector									
	Number								
Public hospitals									
Separations ^(a)	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309
No procedure reported	384,797	270,065	210,230	76,275	90,306	20,515	8,543	17,498	1,078,229
One procedure code only	327,530	369,099	220,217	124,003	127,200	28,582	27,066	29,834	1,253,531
Two procedure codes only	253,641	234,441	138,632	77,536	78,248	15,087	13,045	9,116	819,746
Three procedure codes only	127,498	101,287	61,574	36,237	34,661	7,082	6,070	3,589	377,998
Four procedure codes only	61,024	51,032	28,191	17,237	15,159	3,357	2,881	1,552	180,433
Five or more procedure codes	82,123	63,939	35,877	21,470	16,734	4,749	4,339	1,888	231,119
Mean procedure codes per separation ^(b)	2.3	2.2	2.2	2.2	2.1	2.2	2.1	1.7	2.2
Maximum number of procedure codes	20	25	31	31	25	30	25	30	n.a.
Private hospitals									
Separations ^(a)	692,542	579,836	593,074	265,132	197,770	70,649	27,186	0	2,426,189
No procedure reported	37,902	70,867	61,351	26,069	17,981	14,453	1,871	..	230,494
One procedure code only	127,969	142,110	140,321	68,031	50,243	12,508	6,085	..	547,267
Two procedure codes only	292,988	222,405	233,272	101,624	69,674	28,115	9,717	..	957,795
Three procedure codes only	141,599	83,051	95,086	40,207	32,392	10,425	5,257	..	408,017
Four procedure codes only	50,917	33,283	31,592	15,867	13,913	3,584	2,536	..	151,692
Five or more procedure codes	37,119	28,120	31,452	13,333	13,567	2,690	1,718	..	127,999
Mean procedure codes per separation ^(b)	2.4	2.3	2.3	2.2	2.4	2.3	2.4	..	2.3
Maximum number of procedure codes	20	25	31	31	25	30	20	..	n.a.
Per cent									
Public hospitals									
No procedure reported	30.4	24.8	30.3	21.6	24.9	25.8	13.8	27.6	27.2
One procedure code only	25.9	33.9	31.7	35.2	35.1	36.0	43.7	47.0	31.6
Two procedure codes only	20.1	21.5	20.0	22.0	21.6	19.0	21.1	14.4	20.7
Three procedure codes only	10.1	9.3	8.9	10.3	9.6	8.9	9.8	5.7	9.5
Four procedure codes only	4.8	4.7	4.1	4.9	4.2	4.2	4.7	2.4	4.5
Five or more procedure codes	6.5	5.9	5.2	6.1	4.6	6.0	7.0	3.0	5.8
Private hospitals									
No procedure reported	5.5	12.2	10.3	9.8	9.1	20.5	6.9	..	9.5
One procedure code only	18.5	24.5	23.7	25.7	25.4	17.7	22.4	..	22.6
Two procedure codes only	42.3	38.4	39.3	38.3	35.2	39.8	35.7	..	39.5
Three procedure codes only	20.4	14.3	16.0	15.2	16.4	14.8	19.3	..	16.8
Four procedure codes only	7.4	5.7	5.3	6.0	7.0	5.1	9.3	..	6.3
Five or more procedure codes	5.4	4.8	5.3	5.0	6.9	3.8	6.3	..	5.3

(a) Includes separations for which no procedure codes were reported.

(b) Means are for separations with one or more procedures.

n.a. not applicable.

.. not available

Note: The Institute requested up to 31 procedure codes to be reported.

Table 9.6: Procedures in ICD-10-AM groupings, public hospitals, states and territories, 2001–02

Procedure blocks		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–28	Procedures on skull, meninges and brain	4,416	3,763	2,282	1,396	890	344	387	117	13,595
29–59	Procedures on spinal canal and spinal cord structures	27,016	31,762	19,846	9,769	8,607	2,844	1,284	1,328	102,456
60–86	Procedures on peripheral nervous system	7,199	6,484	4,717	3,561	2,678	595	330	218	25,782
110–129	Procedures on parathyroid and thyroid glands	2,196	1,538	1,116	405	438	129	87	27	5,936
160–192	Procedures on eyeball, cornea, sclera, iris and ciliary body	2,952	2,078	1,649	1,014	787	107	46	130	8,763
193–203	Procedures on lens	14,820	13,406	5,424	4,777	5,090	122	672	381	44,692
204–256	Procedures on retina, conjunctiva and other areas of eye	6,136	5,711	2,815	1,926	2,257	168	138	222	19,373
300–306	Procedures on external ear	860	841	901	375	268	56	41	67	3,409
307–333	Procedures on eardrum, middle and inner ear and mastoid	6,105	7,629	5,750	2,926	2,978	270	410	263	26,331
370–389	Procedures on nose and sinuses	8,526	12,613	5,539	3,685	4,961	380	500	243	36,447
390–399	Procedures on tongue, salivary gland and ducts	1,445	1,142	682	361	379	71	81	28	4,189
400–408	Procedures on mouth, palate or uvula	1,232	1,610	1,053	537	418	109	75	39	5,073
409–422	Procedures on tonsils, adenoids and pharynx	5,871	7,317	4,156	2,174	2,423	249	345	141	22,676
450–490	Dental and orthodontic procedures	15,032	24,527	19,036	10,148	4,997	1,281	719	962	76,702
520–542	Procedures on larynx and trachea	3,351	3,028	2,156	945	925	201	167	137	10,910
543–558	Procedures on bronchus, lung and pleura	7,816	6,996	5,036	2,190	1,901	754	314	190	25,197
559–567	Procedures on chest wall, mediastinum and diaphragm	6,479	5,347	3,745	1,921	1,475	441	398	204	20,010
568–569	Airway management, continuous ventilatory support	24,807	22,155	12,549	6,463	6,370	1,431	1,445	1,240	76,460
600–638	Procedures on atrium, ventricle, septum and valves	11,441	7,700	5,914	4,536	3,279	545	1,227	153	34,795
639–666	Other procedures on heart, myocardium and pericardium	10,941	9,451	5,541	2,944	2,671	966	798	49	33,361
667–693	Procedures on coronary arteries and aorta	23,497	17,074	11,038	7,535	6,640	2,411	2,111	199	70,505
694–767	Procedures on arteries and veins	33,023	27,677	19,152	8,888	9,221	3,584	3,370	1,155	106,070
800–817	Procedures on blood and blood-forming organs	7,550	7,704	5,318	2,803	2,192	499	591	129	26,786
850–869	Procedures on oesophagus	3,793	2,907	2,099	875	1,237	335	285	92	11,623
870–890	Procedures on stomach	4,024	4,435	2,317	1,132	1,323	237	239	118	13,825
891–903	Procedures on small intestine	2,689	2,171	1,393	767	639	205	153	46	8,063
904–925	Procedures on large intestine	45,987	32,004	19,543	16,318	12,438	1,687	2,624	955	131,556
926–927	Procedures on appendix	6,551	4,981	3,538	1,969	1,299	427	472	255	19,492
928–950	Procedures on rectum and anus	12,756	8,491	4,403	3,118	3,009	508	375	221	32,881
951–982	Procedures on liver, gallbladder, biliary tract and pancreas	23,577	16,519	11,021	5,399	5,745	1,234	1,306	444	65,245
983–1011	Other procedures on abdomen, peritoneum and hernia	66,998	58,369	35,298	20,830	18,614	2,916	3,670	1,956	208,651
1040–1063	Procedures on kidney	149,901	178,569	82,404	58,929	41,879	12,928	13,834	23,371	561,815
1064–1128	Procedures on bladder, ureter and urethra	38,041	27,480	15,181	11,540	10,416	2,278	1,730	741	107,407
1160–1170	Procedures on prostate and seminal vesicle	3,667	3,753	1,553	840	1,091	288	177	61	11,430

(continued)

Table 9.6 (continued): Procedures in ICD-10-AM groupings, public hospitals, states and territories, 2001–02

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171–1176 Procedures on scrotum and tunical vaginalis	852	626	340	239	204	61	39	33	2,394
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	4,266	4,514	1,839	1,601	1,592	216	158	113	14,299
1190–1203 Procedures on penis and other male genital organs	4,351	3,648	1,247	1,171	1,096	130	92	221	11,956
1240–1258 Procedures on ovaries and fallopian tubes	9,639	9,971	4,938	4,045	2,670	581	381	479	32,704
1259–1273 Procedures on uterus	39,271	42,459	18,863	11,724	15,517	1,693	1,704	1,902	133,133
1274–1278 Procedures on cervix	6,041	6,072	6,029	1,403	2,105	211	248	350	22,459
1279–1288 Procedures on vagina and pelvic floor	5,883	5,626	6,030	2,168	4,036	305	150	59	24,257
1289–1299 Procedures on other female genital organs	5,620	6,172	1,892	1,229	1,780	201	146	139	17,179
1330–1335 Induction and augmentation of labour	39,815	29,970	22,409	11,423	10,401	2,199	1,964	1,515	119,696
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	6,784	5,427	7,958	11,657	1,774	434	319	180	34,533
1340 Caesarean delivery	13,191	10,284	7,671	3,479	3,289	672	552	702	39,840
1341–1347 Other obstetric and postpartum procedures	31,572	22,835	21,561	8,571	7,664	1,618	1,498	1,108	96,427
1360–1372 Procedures on head, facial bones and joints	2,398	1,828	1,481	814	707	166	178	238	7,810
1373–1380 Procedures on neck, thorax and ribs	237	179	112	47	73	22	14	1	685
1381–1393 Procedures on spinal cord and vertebrae	1,203	1,164	810	380	221	52	71	0	3,901
1394–1407 Procedures on shoulder, scapula and clavicle	2,722	2,458	1,919	1,032	1,005	163	189	91	9,579
1408–1438 Procedures on humerus, elbow and forearm	13,917	8,743	6,461	3,259	2,576	736	795	696	37,183
1439–1475 Procedures on hand, wrist and phalanges	10,133	8,943	5,742	3,497	2,970	702	556	616	33,159
1476–1494 Procedures on hip, pelvis and femur	10,985	8,537	4,668	2,642	2,571	738	659	219	31,019
1495–1525 Procedures on knee, patella, tibia and fibula	13,630	12,838	8,177	4,190	5,069	875	1,131	658	46,568
1526–1549 Procedures on ankle, foot and toes	7,573	6,713	4,107	2,317	2,019	578	570	313	24,190
1550–1579 Other procedures for musculoskeletal system	18,326	18,211	11,012	6,490	4,666	1,462	1,095	1,133	62,395
1600–1660 Procedures on skin and subcutaneous tissue	57,210	49,673	48,781	20,565	26,365	3,420	2,471	3,009	211,494
1661–1718 Plastic, cosmetic and corrective procedures	3,368	4,592	2,181	1,227	1,681	232	166	96	13,543
1740–1759 Procedures on breast	6,754	6,188	3,477	2,375	1,778	428	302	175	21,477
1780–1799 Chemotherapeutic and radiation oncology procedures	13,815	54,367	32,123	17,051	18,524	2,986	4,777	753	144,396
1820–1866 Diagnostic interventions	18,674	7,952	9,431	4,925	11,293	806	350	107	53,538
1867–1908 Therapeutic interventions	153,435	108,865	69,645	41,642	44,181	12,886	7,072	3,751	441,477
1909–1915 Administrative/clinical/client support interventions	360,475	297,501	176,256	103,629	100,139	20,767	18,400	11,884	1,089,051
1916 Generalised allied health interventions	431,954	377,171	180,523	101,455	88,092	23,244	20,331	9,087	1,231,857
1940–2016 Imaging services	160,644	107,006	58,163	30,140	27,587	8,801	7,381	3,192	402,914
Total procedures	2,045,433	1,797,765	1,050,011	609,383	563,180	127,985	114,160	78,702	6,386,619

Table 9.7: Procedures in ICD-10-AM groupings, private hospitals, states and territories, 2001-02

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-28 Procedures on skull, meninges and brain	1,590	1,515	1,216	310	340	n.p.	n.p.	..	5,192
29-59 Procedures on spinal canal and spinal cord structures	23,792	23,536	20,543	14,473	8,504	3,336	993	..	95,177
60-86 Procedures on peripheral nervous system	10,476	8,488	8,877	7,020	4,637	n.p.	n.p.	..	41,622
110-129 Procedures on parathyroid and thyroid glands	1,972	1,241	1,210	562	454	n.p.	n.p.	..	5,653
160-192 Procedures on eyeball, cornea, sclera, iris and ciliary body	4,144	1,745	4,114	1,269	2,161	n.p.	n.p.	..	13,869
193-203 Procedures on lens	36,548	23,044	23,446	8,546	7,081	n.p.	n.p.	..	103,214
204-256 Procedures on retina, conjunctiva and other areas of eye	8,303	4,905	8,594	2,859	1,381	n.p.	n.p.	..	27,318
300-306 Procedures on external ear	835	424	490	323	259	n.p.	n.p.	..	2,435
307-333 Procedures on eardrum, middle and inner ear and mastoid	8,460	5,636	5,386	3,638	3,765	n.p.	n.p.	..	27,919
370-389 Procedures on nose and sinuses	21,819	12,520	14,181	6,873	10,331	n.p.	n.p.	..	68,452
390-399 Procedures on tongue, salivary gland and ducts	1,139	703	707	444	319	n.p.	n.p.	..	3,453
400-408 Procedures on mouth, palate or uvula	2,055	1,593	1,488	1,299	1,032	169	77	..	7,713
409-422 Procedures on tonsils, adenoids and pharynx	8,634	4,543	5,382	2,934	2,403	n.p.	n.p.	..	24,780
450-490 Dental and orthodontic procedures	62,033	47,317	38,857	29,683	10,487	n.p.	n.p.	..	195,787
520-542 Procedures on larynx and trachea	1,349	1,254	1,047	631	546	n.p.	n.p.	..	4,987
543-558 Procedures on bronchus, lung and pleura	2,020	2,930	3,210	789	1,148	n.p.	n.p.	..	10,540
559-567 Procedures on chest wall, mediastinum and diaphragm	1,339	1,991	1,930	853	712	227	140	..	7,192
568-569 Airway management, continuous ventilatory support	4,935	4,086	5,412	945	1,779	464	95	..	17,716
600-638 Procedures on atrium, ventricle, septum and valves	13,748	10,865	10,859	3,548	3,163	n.p.	n.p.	..	43,179
639-666 Other procedures on heart, myocardium and pericardium	8,649	7,181	5,997	1,285	2,213	n.p.	n.p.	..	25,674
667-693 Procedures on coronary arteries and aorta	27,181	19,478	16,502	5,289	5,185	n.p.	n.p.	..	75,815
694-767 Procedures on arteries and veins	15,051	17,125	14,290	5,200	4,899	n.p.	n.p.	..	59,769
800-817 Procedures on blood and blood-forming organs	3,801	3,528	5,002	1,392	1,484	458	301	..	15,966
850-869 Procedures on oesophagus	3,056	2,062	3,405	550	1,273	n.p.	n.p.	..	10,932
870-890 Procedures on stomach	1,348	2,380	2,487	798	890	326	67	..	8,296
891-903 Procedures on small intestine	1,222	1,243	1,200	561	521	116	94	..	4,957
904-925 Procedures on large intestine	92,749	65,313	68,957	26,542	17,561	n.p.	n.p.	..	278,126
926-927 Procedures on appendix	1,452	1,396	2,354	1,095	621	276	64	..	7,258
928-950 Procedures on rectum and anus	16,330	7,496	8,410	3,652	2,831	978	407	..	40,104
951-982 Procedures on liver, gallbladder, biliary tract and pancreas	14,531	9,356	10,824	5,236	4,149	1,014	970	..	46,080
983-1011 Other procedures on abdomen, peritoneum and hernia	84,943	68,773	71,373	26,177	19,159	6,454	1,839	..	278,718
1040-1063 Procedures on kidney	18,335	14,072	31,852	18,050	12,510	n.p.	n.p.	..	95,151
1064-1128 Procedures on bladder, ureter and urethra	41,979	23,860	26,270	14,541	11,627	3,950	2,442	..	124,669
1160-1170 Procedures on prostate and seminal vesicle	6,873	5,609	4,013	1,668	1,335	n.p.	n.p.	..	20,600

(continued)

Table 9.7 (continued): Procedures in ICD-10-AM groupings, private hospitals, states and territories, 2001-02

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171-1176 Procedures on scrotum and tunical vaginalis	465	231	232	156	88	n.p.	n.p.	..	1,245
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	6,199	3,968	3,041	1,790	1,660	n.p.	n.p.	..	17,574
1190-1203 Procedures on penis and other male genital organs	3,383	1,623	1,247	1,120	534	n.p.	n.p.	..	8,370
1240-1258 Procedures on ovaries and fallopian tubes	8,348	6,077	5,640	3,306	2,110	n.p.	n.p.	..	26,969
1259-1273 Procedures on uterus	50,413	37,435	30,250	15,821	9,584	n.p.	n.p.	..	149,681
1274-1278 Procedures on cervix	5,508	3,194	3,474	1,154	742	n.p.	n.p.	..	14,908
1279-1288 Procedures on vagina and pelvic floor	7,329	3,938	4,782	2,625	1,891	n.p.	n.p.	..	21,814
1289-1299 Procedures on other female genital organs	13,486	9,801	9,552	3,195	1,720	n.p.	n.p.	..	39,669
1330-1335 Induction and augmentation of labour	19,375	11,489	12,168	8,866	4,994	n.p.	n.p.	..	59,546
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	4,140	2,721	4,166	6,099	835	n.p.	n.p.	..	18,623
1340 Caesarean delivery	7,204	4,470	6,287	3,607	1,819	n.p.	n.p.	..	24,514
1341-1347 Other obstetric and postpartum procedures	12,818	8,505	8,612	4,728	3,130	n.p.	n.p.	..	39,764
1360-1372 Procedures on head, facial bones and joints	1,224	987	927	508	526	98	92	..	4,362
1373-1380 Procedures on neck, thorax and ribs	180	107	152	34	43	n.p.	n.p.	..	529
1381-1393 Procedures on spinal cord and vertebrae	2,012	1,834	1,510	756	827	n.p.	n.p.	..	7,257
1394-1407 Procedures on shoulder, scapula and clavicle	7,731	7,439	4,955	4,057	3,909	482	500	..	29,073
1408-1438 Procedures on humerus, elbow and forearm	3,106	2,925	2,810	1,477	1,381	n.p.	n.p.	..	12,240
1439-1475 Procedures on hand, wrist and phalanges	9,395	8,235	6,736	3,873	3,838	n.p.	n.p.	..	33,642
1476-1494 Procedures on hip, pelvis and femur	5,619	5,833	4,024	2,178	2,236	n.p.	n.p.	..	20,923
1495-1525 Procedures on knee, patella, tibia and fibula	33,155	25,660	17,261	11,878	12,883	2,667	1,946	..	105,450
1526-1549 Procedures on ankle, foot and toes	9,700	8,848	4,670	4,202	3,857	894	619	..	32,790
1550-1579 Other procedures for musculoskeletal system	21,946	18,149	11,086	7,776	6,738	1,736	965	..	68,396
1600-1660 Procedures on skin and subcutaneous tissue	65,163	40,145	58,952	19,332	24,622	n.p.	n.p.	..	217,969
1661-1718 Plastic, cosmetic and corrective procedures	12,686	8,989	8,569	4,975	4,261	n.p.	n.p.	..	41,074
1740-1759 Procedures on breast	10,510	7,796	8,036	4,351	2,805	781	689	..	34,968
1780-1799 Chemotherapeutic and radiation oncology procedures	25,302	37,992	39,015	16,323	12,891	n.p.	n.p.	..	136,372
1820-1866 Diagnostic interventions	12,445	7,392	11,782	2,333	3,303	n.p.	n.p.	..	39,013
1867-1908 Therapeutic interventions	68,775	45,328	99,048	26,581	15,856	4,454	2,168	..	262,210
1909-1915 Administrative/clinical/client support interventions	431,633	283,400	301,569	131,545	106,160	37,088	14,960	..	1,306,355
1916 Generalised allied health interventions	127,949	104,554	84,675	29,163	34,750	8,449	4,113	..	393,653
1940-2016 Imaging services	31,730	30,148	33,595	14,523	9,325	4,565	1,117	..	125,003
Total procedures	1,569,676	1,146,421	1,218,708	537,367	426,078	130,415	61,660	..	5,092,269

.. not available.

n.p. not published.

Table 9.8: Separation and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, public hospitals, Australia, 2001-02

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1916 Generalised allied health interventions	658,122	549,799	7,942,865	12.1	1,190,875
1910 General anaesthesia	440,021	371,820	2,676,831	6.1	480,798
1893 Transfusion of blood and gamma globulin	96,168	77,928	1,321,377	13.7	114,213
1952 Computerised tomography of brain	95,697	77,288	1,177,731	12.3	98,364
1911 Sedation	80,845	65,840	821,848	10.2	88,465
1885 Injection or infusion of therapeutic or prophylactic substance	63,580	52,065	816,744	12.8	80,656
1344 Postpartum suture	49,149	44,519	168,991	3.4	49,596
1334 Medical or surgical induction of labour	43,244	38,907	179,333	4.1	44,285
36 Spinal injection	40,906	35,482	287,842	7.0	41,994
1340 Caesarean section	39,666	34,813	223,661	5.6	39,702
1335 Medical or surgical augmentation of labour	38,810	35,622	134,876	3.5	38,864
738 Venous catheterisation	35,571	29,315	768,318	21.6	40,011
1333 Epidural injection during labour	31,060	27,413	137,558	4.4	31,889
1963 Computerised tomography of abdomen and pelvis	31,002	24,796	386,192	12.5	31,705
668 Coronary angiography	25,071	20,648	171,059	6.8	25,310
569 Continuous ventilatory support	24,867	20,102	531,510	21.4	48,441
1962 Computerised tomography of abdomen	24,279	20,024	274,169	11.3	24,803
965 Cholecystectomy	24,121	21,773	104,497	4.3	24,185
1960 Computerised tomography of chest	20,190	16,448	288,445	14.3	20,571
2015 Magnetic resonance imaging	20,091	15,893	314,570	15.7	21,710
1343 Other procedures associated with delivery	19,377	16,765	76,049	3.9	19,444
926 Appendicectomy	19,296	16,583	79,227	4.1	19,353
607 Examination procedures on ventricle	18,836	15,414	125,023	6.6	18,871
568 Airway management	18,791	15,445	336,117	17.9	21,988
2006 Lung perfusion or ventilation study	18,550	14,626	213,949	11.5	18,706
1008 Panendoscopy with excision	17,965	15,009	199,841	11.1	18,226
1780 Chemotherapy administration	17,768	14,629	165,411	9.3	18,550
957 Examination of gallbladder or biliary tract	17,043	15,254	83,552	4.9	17,591
1635 Repair of wound of skin and subcutaneous tissue	16,411	12,509	111,523	6.8	17,887
412 Tonsillectomy or adenoidectomy	16,217	13,766	19,405	1.2	16,241
Other	1,260,149	1,043,440	12,883,648	10.2	1,321,133
No procedure or not reported	734,706	641,461	3,730,190	5.1	n.a.
Total^(a)	2,080,067	1,778,746	14,378,120	6.9	4,044,427

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

n.a. not applicable.

Table 9.9: Separation and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, private hospitals, Australia, 2001–02

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1910 General anaesthesia	412,678	11,369	1,773,248	4.3	429,573
1916 Generalised allied health interventions	241,067	10,922	2,606,467	10.8	344,673
1911 Sedation	66,184	1,343	368,878	5.6	69,721
1893 Transfusion of blood and gamma globulin	49,751	1,597	577,470	11.6	56,013
36 Spinal injection	32,020	1,144	222,227	6.9	32,368
668 Coronary angiography	28,717	38	130,429	4.5	29,086
607 Examination procedures on ventricle	24,861	13	110,634	4.5	24,953
1340 Caesarean section	24,481	872	156,160	6.4	24,491
1333 Epidural injection during labour	22,131	629	118,787	5.4	22,235
1828 Sleep study	21,404	254	23,570	1.1	21,560
1334 Medical or surgical induction of labour	21,256	942	109,900	5.2	21,669
965 Cholecystectomy	21,111	970	71,039	3.4	21,157
1344 Postpartum suture	21,014	854	99,391	4.7	21,084
990 Repair of inguinal hernia	19,522	538	36,676	1.9	19,575
412 Tonsillectomy or adenoidectomy	17,906	372	20,028	1.1	17,917
1952 Computerised tomography of brain	17,541	1,422	235,123	13.4	18,095
957 Examination of gallbladder or biliary tract	15,674	679	49,020	3.1	15,939
1335 Medical or surgical augmentation of labour	15,275	749	74,564	4.9	15,299
1518 Arthroplasty of knee	14,372	418	128,170	8.9	14,626
1404 Other repair procedures on shoulder	14,146	217	32,701	2.3	15,077
1885 Injection or infusion of therapeutic or prophylactic substance	13,507	588	148,623	11.0	14,950
986 Division of abdominal adhesions	13,376	350	97,732	7.3	13,514
197 Extracapsular crystalline lens extraction by phacoemulsification	12,991	181	16,108	1.2	13,002
33 Epidural infusion	12,974	432	101,172	7.8	13,087
1343 Other procedures associated with delivery	12,807	326	64,594	5.0	12,835
1489 Arthroplasty of hip	12,407	420	128,689	10.4	12,455
1165 Transurethral prostatectomy	11,817	347	57,700	4.9	11,847
379 Repair of nasal septum	11,774	178	15,484	1.3	11,804
905 Fiberoptic colonoscopy	11,624	366	69,592	6.0	11,797
1283 Repair of prolapse of uterus, pelvic floor or enterocele	11,436	434	52,428	4.6	12,733
Other	922,715	25,786	6,206,516	6.7	981,237
No procedure or not reported	165,683	13,983	954,708	5.8	n.a.
Total^(a)	973,093	42,570	5,504,309	5.7	2,344,372

(a). As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table
 Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>
 n.a. not applicable.

Table 9.10: Separation and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, public hospitals, Australia, 2001–02

Procedure block	Separations	Public patient separations	Separations per 10,000 population	Total procedures reported
1059 Haemodialysis	530,225	474,729	270.5	530,299
1910 General anaesthesia	305,679	260,624	155.9	305,883
1911 Sedation	199,796	168,761	101.9	200,190
1780 Chemotherapy administration	105,584	93,465	53.9	107,810
1008 Panendoscopy with excision	59,502	52,088	30.4	59,668
1885 Injection or infusion of therapeutic or prophylactic substance	58,460	50,542	29.8	59,329
905 Fiberoptic colonoscopy	55,916	48,658	28.5	55,949
911 Fiberoptic colonoscopy with excision	38,776	34,193	19.8	39,605
1265 Curettage of uterus	37,351	32,287	19.1	37,372
1893 Transfusion of blood and gamma globulin	37,128	31,812	18.9	38,471
197 Extracapsular crystalline lens extraction by phacoemulsification	36,157	28,897	18.4	36,165
1916 Generalised allied health interventions	30,671	27,756	15.6	40,982
1267 Evacuation of uterus	26,648	22,621	13.6	27,146
1259 Examination procedures on uterus	25,610	21,761	13.1	25,624
1005 Panendoscopy	24,139	21,177	12.3	24,146
1088 Examination procedures on bladder	22,956	20,449	11.7	22,958
1620 Excision of benign lesion of skin and subcutaneous tissue	21,985	19,082	11.2	25,525
487 Anaesthesia and sedation for dental procedure	20,365	15,499	10.4	20,387
1952 Computerised tomography of brain	15,927	14,101	8.1	15,946
1890 Therapeutic interventions on cardiovascular system	14,374	12,500	7.3	14,536
1622 Excision of basal cell or squamous cell carcinoma of skin	12,883	11,391	6.6	15,539
309 Myringotomy	12,342	10,422	6.3	12,470
1275 Destruction procedures on cervix	12,190	10,750	6.2	12,844
668 Coronary angiography	11,725	9,513	6.0	11,732
458 Surgical removal of tooth	11,635	7,915	5.9	12,788
1635 Repair of wound of skin and subcutaneous tissue	11,089	9,903	5.7	11,424
457 Non surgical removal of tooth	10,695	9,310	5.5	11,849
1279 Examination procedures on vagina	10,415	9,702	5.3	10,428
607 Examination procedures on ventricle	10,139	8,233	5.2	10,146
984 Laparoscopy	10,039	8,743	5.1	10,041
Other	514,676	437,041	262.5	534,966
No procedure or not reported	370,777	337,099	189.1	n.a.
Total^(a)	1,888,242	1,661,915	963.2	2,342,218

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table
 Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>
 n.a. not applicable.

Table 9.11: Separation and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, private hospitals, Australia, 2001–02

Procedure block	Separations	Public patient separations	Separations per 10,000 population	Total procedures reported
1911 Sedation	393,163	8,142	200.6	393,322
1910 General anaesthesia	388,297	8,443	198.1	388,511
905 Fiberoptic colonoscopy	145,424	2,285	74.2	145,476
1008 Panendoscopy with excision	137,047	2,269	69.9	137,652
1780 Chemotherapy administration	118,086	6,542	60.2	119,569
911 Fiberoptic colonoscopy with excision	101,576	1,879	51.8	103,272
1059 Haemodialysis	89,408	26,801	45.6	89,420
197 Extracapsular crystalline lens extraction by phacoemulsification	78,266	1,982	39.9	78,284
487 Anaesthesia and sedation for dental procedure	64,567	306	32.9	65,365
458 Surgical removal of tooth	61,339	164	31.3	72,123
1005 Panendoscopy	44,180	724	22.5	44,186
1885 Injection or infusion of therapeutic or prophylactic substance	38,770	2,996	19.8	43,867
1265 Curettage of uterus	37,737	1,321	19.3	37,767
1620 Excision of benign lesion of skin and subcutaneous tissue	36,881	840	18.8	47,141
1267 Evacuation of uterus	34,239	577	17.5	34,350
1916 Generalised allied health interventions	33,749	164	17.2	48,980
1259 Examination procedures on uterus	30,093	833	15.4	30,113
1088 Examination procedures on bladder	28,423	941	14.5	28,426
1622 Excision of basal cell or squamous cell carcinoma of skin	28,202	404	14.4	35,255
1297 Procedures for reproductive medicine	24,881	47	12.7	25,070
1517 Arthroscopic meniscectomy of knee with repair	22,378	285	11.4	22,752
1873 Psychological therapies	20,962	0	10.7	22,780
1890 Therapeutic interventions on cardiovascular system	20,922	518	10.7	20,954
668 Coronary angiography	16,062	594	8.2	18,292
309 Myringotomy	15,834	355	8.1	15,974
1651 Local skin flap, simple and small, single stage	14,982	121	7.6	16,003
607 Examination procedures on ventricle	14,022	521	7.2	14,026
1503 Arthroscopic excision of knee	13,853	237	7.1	14,465
1893 Transfusion of blood and gamma globulin	13,453	579	6.9	13,861
76 Release of carpal and tarsal tunnel	13,209	372	6.7	14,401
Other	574,328	14,466	293.0	606,769
No procedure or not reported	67,736	3,467	34.6	n.a.
Total(a)	1,453,096	62,196	741.2	2,748,426

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table
 Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>
 n.a. not applicable.

Table 9.12: Separation and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of separations, private free-standing day hospitals, Australia, ^(a) 2001–02

Procedure block	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Total procedures reported
1911 Sedation	128,211	128,206	286	65.6	128,255
1910 General anaesthesia	62,419	62,280	76	32.0	62,451
905 Fiberoptic colonoscopy	53,962	53,954	21	27.6	53,971
1008 Panendoscopy with excision	52,840	52,838	104	27.1	53,072
197 Extracapsular crystalline lens extraction by phacoemulsification	38,393	38,393	85	19.7	38,409
911 Fiberoptic colonoscopy with excision	34,433	34,431	70	17.6	34,970
1780 Chemotherapy administration	24,984	24,984	382	12.8	25,028
1267 Evacuation of uterus	22,170	22,170	9	11.4	22,186
1005 Panendoscopy	20,296	20,294	13	10.4	20,299
1885 Injection or infusion of therapeutic or prophylactic substance	15,289	15,289	109	7.8	19,348
1059 Haemodialysis	15,066	15,066	6,414	7.7	15,066
1620 Excision of benign lesion of skin and subcutaneous tissue	14,845	14,841	198	7.6	19,494
487 Anaesthesia and sedation for dental procedure	13,512	13,503	2	6.9	14,300
1890 Therapeutic interventions on cardiovascular system	11,241	11,241	0	5.8	11,243
458 Surgical removal of tooth	11,055	11,052	10	5.7	15,424
1622 Excision of basal cell or squamous cell carcinoma of skin	10,127	10,127	0	5.2	12,309
1297 Procedures for reproductive medicine	9,050	9,050	0	4.6	9,078
1909 Regional anaesthesia	6,967	6,967	0	3.6	7,164
1651 Local skin flap, simple and small, single stage	6,341	6,341	38	3.2	6,762
1867 Counselling or education relating to personal care and other activities of daily/independent living	5,024	5,024	0	2.6	5,024
1265 Curettage of uterus	4,391	4,391	25	2.2	4,397
1943 Ultrasound of abdomen or pelvis	4,294	4,294	0	2.2	4,294
1893 Transfusion of blood and gamma globulin	4,272	4,272	46	2.2	4,472
1888 Hyperbaric oxygen therapy	3,855	3,855	39	2.0	3,855
949 Procedures for haemorrhoids	3,809	3,808	0	2.0	4,044
668 Coronary angiography	3,756	3,756	301	1.9	5,981
1649 Other full thickness skin graft	3,602	3,602	75	1.8	3,727
195 Intracapsular crystalline lens extraction	3,137	3,137	0	1.6	3,137
1828 Sleep study	3,033	86	0	1.6	3,038
1259 Examination procedures on uterus	3,012	3,012	3	1.5	3,015
Other	121,331	118,060	555	62.7	132,332
No procedure or not reported	1,346	1,340	2	0.7	n.a.
Total^(b)	376,600	372,758	7,922	192.1	746,184

(a) Excludes separations from private free-standing hospitals in Tasmania.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table n.a. not applicable.

Table 9.13: Separations for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2001–02

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	254,319	203,770	118,690	68,656	65,346	14,105	11,622	9,192	745,700
1916 Generalised allied health interventions	241,047	185,053	111,598	63,302	56,894	13,638	11,473	5,788	688,793
1059 Haemodialysis	143,431	173,066	78,150	57,121	40,443	12,694	13,200	23,149	541,254
1911 Sedation	82,799	81,147	46,698	28,802	29,515	3,931	5,757	1,992	280,641
1893 Transfusion of blood and gamma globulin	44,053	39,072	18,651	13,274	12,596	2,710	2,018	922	133,296
1780 Chemotherapy administration	9,059	47,540	29,034	15,225	14,722	2,470	4,550	752	123,352
1885 Injection or infusion of therapeutic or prophylactic substance	39,231	31,271	18,345	9,885	16,350	3,677	2,542	739	122,040
1952 Computerised tomography of brain	39,531	34,158	17,245	8,326	7,179	2,388	1,679	1,118	111,624
1008 Panendoscopy with excision	26,565	20,122	12,137	8,954	6,026	799	1,984	880	77,467
905 Fibreoptic colonoscopy	24,004	17,302	10,556	7,712	7,032	774	1,163	448	68,991
1344 Postpartum suture	20,226	11,721	8,330	3,908	3,418	975	1,034	687	50,299
911 Fibreoptic colonoscopy with excision	17,001	10,870	6,570	7,332	3,799	587	1,174	384	47,717
1334 Medical or surgical induction of labour	14,242	12,162	8,530	4,326	3,668	877	570	577	44,952
36 Spinal injection	8,493	17,591	8,640	2,198	4,113	1,046	453	584	43,118
1265 Curettage of uterus	13,841	14,796	6,136	4,029	2,806	292	595	280	42,775
197 Extracapsular crystalline lens extraction by phacoemulsification	13,531	11,803	4,761	4,232	4,489	112	652	303	39,883
1340 Caesarean section	13,172	10,273	7,669	3,479	3,288	671	551	701	39,804
1335 Medical or surgical augmentation of labour	14,410	9,586	7,849	3,045	2,646	776	826	600	39,738
738 Venous catheterisation	13,016	9,156	7,605	3,118	2,855	1,547	1,043	554	38,894
1005 Panendoscopy	10,407	11,811	6,978	3,402	4,807	571	255	212	38,443
668 Coronary angiography	12,740	7,349	5,627	4,516	3,959	1,152	1,254	199	36,796
1267 Evacuation of uterus	8,477	10,213	3,553	2,648	6,707	552	297	1,222	33,669
1963 Computerised tomography of abdomen and pelvis	14,463	10,315	4,225	1,127	1,831	718	484	308	33,471
1333 Epidural injection during labour	9,978	7,349	5,440	3,820	3,347	481	541	324	31,280
1088 Examination procedures on bladder	7,913	9,230	4,168	3,841	3,799	738	485	163	30,337
607 Examination procedures on ventricle	9,823	5,822	4,601	4,014	3,018	407	1,138	152	28,975
1259 Examination procedures on uterus	8,796	9,114	4,794	2,156	2,885	273	432	247	28,697
1635 Repair of wound of skin and subcutaneous tissue	6,439	6,431	9,471	2,732	1,492	333	356	246	27,500
569 Continuous ventilatory support	8,976	7,306	4,666	2,197	2,360	539	499	513	27,056
1962 Computerised tomography of abdomen	10,164	6,098	4,845	2,566	2,004	305	834	219	27,035
Other	637,841	520,365	354,153	197,970	188,367	44,302	32,234	19,111	1,994,343
No procedure or not reported	411,902	270,066	210,230	76,276	90,332	20,630	8,544	17,503	1,105,483
Total^(a)	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 9.14: Separations for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2001 –02

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	286,693	176,273	152,523	83,956	66,712	22,302	12,516	..	800,975
1911 Sedation	130,616	100,408	134,257	42,627	35,513	13,805	2,121	..	459,347
1916 Generalised allied health interventions	84,922	72,276	60,605	18,460	28,937	6,367	3,249	..	274,816
905 Fiberoptic colonoscopy	52,944	39,429	39,129	10,983	10,325	n.p.	n.p.	..	157,048
1008 Panendoscopy with excision	51,452	30,961	40,769	14,138	7,420	n.p.	n.p.	..	147,791
1780 Chemotherapy administration	23,956	35,750	36,901	15,583	11,759	n.p.	n.p.	..	128,467
911 Fiberoptic colonoscopy with excision	36,724	23,589	27,074	14,320	6,029	n.p.	n.p.	..	109,937
197 Extracapsular crystalline lens extraction by phacoemulsification	34,284	17,774	20,733	7,989	6,782	n.p.	n.p.	..	91,257
1059 Haemodialysis	17,222	12,897	30,810	17,457	12,181	n.p.	n.p.	..	90,598
487 Anaesthesia and sedation for dental procedure	22,005	19,485	14,944	10,850	0	1,630	815	..	69,729
458 Surgical removal of tooth	19,079	17,031	14,271	9,207	5,242	n.p.	n.p.	..	66,812
1893 Transfusion of blood and gamma globulin	14,296	16,615	16,955	5,778	6,963	1,807	790	..	63,204
1885 Injection or infusion of therapeutic or prophylactic substance	6,841	10,047	24,352	5,990	3,604	n.p.	n.p.	..	52,277
1005 Panendoscopy	10,041	19,585	11,219	3,160	5,109	n.p.	n.p.	..	50,569
668 Coronary angiography	15,053	10,990	10,375	3,603	3,081	n.p.	n.p.	..	44,779
1265 Curettage of uterus	15,428	11,202	7,940	4,158	2,959	929	991	..	43,607
1620 Excision of benign lesion of skin and subcutaneous tissue	11,866	7,560	8,100	3,969	9,461	n.p.	n.p.	..	43,019
607 Examination procedures on ventricle	12,418	9,614	9,552	3,360	2,943	n.p.	n.p.	..	38,883
1088 Examination procedures on bladder	11,642	8,478	8,752	4,513	3,214	1,261	776	..	38,636
1267 Evacuation of uterus	12,750	10,011	7,483	4,132	815	n.p.	n.p.	..	35,830
1622 Excision of basal cell or squamous cell carcinoma of skin	11,624	6,815	11,986	3,187	0	n.p.	n.p.	..	35,347
1259 Examination procedures on uterus	10,806	9,022	6,739	3,155	2,812	n.p.	n.p.	..	34,017
36 Spinal injection	7,227	11,048	7,945	2,155	3,377	1,596	517	..	33,865
1517 Arthroscopic meniscectomy of knee with repair	8,370	6,942	4,422	3,134	4,323	726	430	..	28,347
1873 Psychological therapies	15,686	581	9,023	219	n.p.	n.p.	0	..	25,524
1297 Procedures for reproductive medicine	8,884	6,203	6,136	1,840	604	n.p.	n.p.	..	24,913
1340 Caesarean section	7,201	4,468	6,282	3,607	1,819	n.p.	n.p.	..	24,504
1890 Therapeutic interventions on cardiovascular system	2,086	5,202	13,721	1,135	984	n.p.	n.p.	..	23,625
412 Tonsillectomy or adenoidectomy	8,256	4,269	4,943	2,773	2,243	n.p.	n.p.	..	23,277
990 Repair of inguinal hernia	7,657	5,026	4,970	2,540	1,843	661	472	..	23,169
Other	517,984	373,843	394,432	201,047	157,222	48,951	25,224	..	1,718,703
No procedure or not reported	41,950	70,867	61,351	26,070	17,981	13,327	1,873	..	233,419
Total^(a)	682,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

.. not available.

n.p. not published.

Table 9.15: Average length of stay (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2001 –02

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	4.3	3.7	4.0	3.8	3.8	4.4	4.7	4.6	3.9
1916 Generalised allied health interventions	11.5	12.0	11.0	11.6	11.9	11.1	11.0	12.1	11.5
1059 Haemodialysis	1.3	1.2	1.2	1.3	1.2	1.2	1.2	1.3	1.2
1911 Sedation	4.0	3.4	3.7	3.3	3.2	5.0	3.4	4.7	3.6
1893 Transfusion of blood and gamma globulin	11.0	9.6	10.0	10.0	8.8	11.5	11.9	13.6	10.1
1780 Chemotherapy administration	6.2	1.9	1.9	1.7	1.9	2.3	1.9	1.4	2.2
1885 Injection or infusion of therapeutic or prophylactic substance	7.9	7.1	7.4	7.5	5.2	5.8	7.4	12.9	7.1
1952 Computerised tomography of brain	10.5	9.8	10.0	13.2	14.4	10.5	13.0	10.4	10.6
1008 Panendoscopy with excision	4.0	3.0	2.9	2.8	3.1	6.0	3.1	4.1	3.3
905 Fibreoptic colonoscopy	2.5	2.8	2.7	2.4	2.4	3.3	2.4	3.6	2.6
1344 Postpartum suture	3.4	3.3	3.0	3.7	3.6	3.9	3.5	4.2	3.3
911 Fibreoptic colonoscopy with excision	2.8	2.5	2.6	2.3	2.9	4.1	2.4	2.9	2.6
1334 Medical or surgical induction of labour	4.2	3.8	3.5	4.3	4.4	4.7	4.9	5.6	4.0
36 Spinal injection	7.0	6.8	5.9	8.1	6.2	7.2	6.9	8.7	6.6
1265 Curettage of uterus	1.2	1.1	1.2	1.2	1.2	1.5	1.3	2.1	1.2
197 Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.0	1.1
1340 Caesarean section	5.8	5.6	4.7	6.1	6.0	5.7	6.3	7.3	5.5
1335 Medical or surgical augmentation of labour	3.4	3.4	2.9	3.8	3.6	4.1	3.8	4.8	3.3
738 Venous catheterisation	19.6	21.4	18.9	19.6	21.4	14.7	18.7	21.6	19.5
1005 Panendoscopy	6.4	5.2	4.7	5.1	4.3	7.7	7.8	8.4	5.4
668 Coronary angiography	6.0	5.4	4.3	4.1	3.6	4.5	2.8	8.9	4.9
1267 Evacuation of uterus	1.1	1.1	1.2	1.1	1.1	1.1	1.1	1.1	1.1
1963 Computerised tomography of abdomen and pelvis	11.6	11.6	10.3	12.9	12.7	14.3	10.5	13.6	11.5
1333 Epidural injection during labour	4.5	4.4	3.8	4.6	4.5	4.7	4.9	5.5	4.3
1088 Examination procedures on bladder	2.8	2.4	2.3	2.9	2.0	2.9	2.9	4.2	2.5
607 Examination procedures on ventricle	5.6	5.3	3.9	3.7	3.4	4.9	2.6	9.1	4.6
1259 Examination procedures on uterus	1.2	1.1	1.2	1.1	1.3	1.4	1.3	2.3	1.2
1635 Repair of wound of skin and subcutaneous tissue	5.1	4.2	3.6	5.1	5.0	6.2	7.6	8.8	4.4
569 Continuous ventilatory support	18.4	20.2	18.7	20.9	23.8	18.9	22.3	19.9	19.3
1962 Computerised tomography of abdomen	10.4	8.6	10.0	11.6	12.2	10.3	11.8	10.8	10.2
Total^(a)	4.6	3.8	3.7	3.9	4.3	4.6	3.6	3.2	4.1

(a) For all separations.

Table 9.16: Average length of stay (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2001–02

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	2.4	2.8	3.0	2.8	2.8	3.0	2.7	..	2.7
1911 Sedation	1.3	1.8	1.8	1.7	1.7	1.9	2.9	..	1.7
1916 Generalised allied health interventions	8.8	9.9	10.0	12.2	8.1	12.0	9.7	..	9.6
905 Fiberoptic colonoscopy	1.2	1.3	1.5	1.5	1.5	n.p.	n.p.	..	1.4
1008 Panendoscopy with excision	1.2	1.6	1.7	1.7	1.7	n.p.	n.p.	..	1.5
1780 Chemotherapy administration	1.3	1.5	1.5	1.4	1.4	n.p.	n.p.	..	1.4
911 Fiberoptic colonoscopy with excision	1.2	1.4	1.5	1.5	1.6	n.p.	n.p.	..	1.4
197 Extracapsular crystalline lens extraction by phacoemulsification	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	..	1.0
1059 Haemodialysis	1.2	1.3	1.2	1.1	1.2	n.p.	n.p.	..	1.2
487 Anaesthesia and sedation for dental procedure	1.0	1.0	1.0	1.0	n.a.	1.1	1.0	..	1.0
458 Surgical removal of tooth	1.0	1.0	1.1	1.0	1.0	n.p.	n.p.	..	1.0
1893 Transfusion of blood and gamma globulin	9.8	9.2	8.5	10.6	9.1	10.7	10.9	..	9.3
1885 Injection or infusion of therapeutic or prophylactic substance	4.4	3.7	3.0	3.8	4.7	n.p.	n.p.	..	3.6
1005 Panendoscopy	2.0	1.8	2.8	3.1	2.1	n.p.	n.p.	..	2.2
668 Coronary angiography	2.7	3.6	3.9	2.9	4.0	n.p.	n.p.	..	3.3
1265 Curettage of uterus	1.1	1.1	1.2	1.2	1.2	1.3	1.1	..	1.1
1620 Excision of benign lesion of skin and subcutaneous tissue	1.3	1.3	1.4	1.4	1.3	n.p.	n.p.	..	1.3
607 Examination procedures on ventricle	2.7	3.5	3.7	2.8	4.0	n.p.	n.p.	..	3.2
1088 Examination procedures on bladder	1.7	1.9	2.0	2.6	2.0	2.6	1.7	..	2.0
1267 Evacuation of uterus	1.0	1.0	1.0	1.0	1.1	n.p.	n.p.	..	1.0
1622 Excision of basal cell or squamous cell carcinoma of skin	1.6	1.7	1.6	2.1	n.a.	n.p.	n.p.	..	1.7
1259 Examination procedures on uterus	1.0	1.1	1.1	1.1	1.1	n.p.	n.p.	..	1.1
36 Spinal injection	6.1	7.0	6.7	6.4	6.8	6.0	6.4	..	6.6
1517 Arthroscopic meniscectomy of knee with repair	1.1	1.1	1.2	1.2	1.2	1.2	1.1	..	1.1
1873 Psychological therapies	5.2	3.9	2.7	4.1	n.p.	n.p.	n.a.	..	4.3
1297 Procedures for reproductive medicine	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
1340 Caesarean section	6.3	6.5	5.8	7.2	6.9	n.p.	n.p.	..	6.4
1890 Therapeutic interventions on cardiovascular system	3.4	1.9	1.4	2.9	3.0	n.p.	n.p.	..	1.9
412 Tonsillectomy or adenoidectomy	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	..	1.1
990 Repair of inguinal hernia	1.8	1.8	1.6	1.7	2.0	1.7	1.3	..	1.7
Total^(a)	2.7	2.9	2.9	2.8	3.0	3.1	3.1	..	2.9

(a) For all separations.

.. not available.

n.p. not published.

n.a. not applicable.

Table 9.17: Separations for males for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2001–02

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(a)
1910 General anaesthesia	9,781	38,573	62,214	65,459	71,284	87,150	97,625	100,459	91,911	60,860	10,741	696,062
1916 Generalised allied health interventions	8,689	6,538	11,662	24,045	29,122	34,112	45,003	60,733	83,712	94,462	35,894	433,975
1059 Haemodialysis	3	197	897	6,833	24,459	40,072	57,627	70,721	98,473	63,663	2,978	365,923
1911 Sedation	392	1,174	2,029	9,234	20,127	36,878	56,975	68,223	74,456	64,687	12,851	347,026
1780 Chemotherapy administration	179	1,429	2,508	2,364	3,470	7,020	17,188	32,764	34,500	16,838	1,141	119,251
1008 Panendoscopy with excision	194	689	1,516	3,857	8,626	14,170	19,800	20,622	18,603	12,631	2,273	102,981
1893 Transfusion of blood and gamma globulin	1,566	1,377	2,727	3,215	3,588	5,114	9,064	15,658	23,155	25,473	8,142	99,080
905 Fiberoptic colonoscopy	6	39	112	1,489	5,560	13,601	21,806	22,078	19,255	12,706	1,932	98,584
1885 Injection or infusion of therapeutic or prophylactic substance	11,186	3,244	4,994	3,322	4,362	6,119	9,822	12,204	13,260	10,102	1,993	80,608
911 Fiberoptic colonoscopy with excision	23	89	411	1,749	4,167	8,258	15,151	19,491	18,056	10,678	1,474	79,547
1952 Computerised tomography of brain	864	1,419	2,418	5,525	5,615	5,630	6,192	7,883	11,672	14,778	6,039	68,036
668 Coronary angiography	41	35	54	109	464	2,832	9,518	15,326	15,439	9,282	664	53,764
197 Extracapsular crystalline lens extraction by phacoemulsification	1	2	21	63	166	576	2,384	6,441	16,031	22,576	4,754	53,015
607 Examination procedures on ventricle	69	55	52	89	377	2,364	8,004	12,874	12,678	7,380	486	44,428
1005 Panendoscopy	35	108	203	1,282	2,935	4,892	7,105	8,024	8,310	7,051	1,648	41,593
1088 Examination procedures on bladder	113	194	360	601	1,188	2,339	4,345	7,311	10,927	10,277	2,467	40,122
487 Anaesthesia and sedation for dental procedure	11	4,154	7,165	13,527	6,549	3,416	2,136	1,300	674	439	82	39,453
990 Repair of inguinal hernia	1,567	2,000	1,394	1,669	2,797	4,384	6,434	6,941	6,357	4,208	681	38,432
1620 Excision of benign lesion of skin and subcutaneous tissue	186	634	1,514	1,913	2,740	4,203	5,575	5,630	5,105	4,984	1,233	33,717
458 Surgical removal of tooth	5	556	3,160	15,030	7,027	3,331	1,898	1,213	705	487	91	33,503
1622 Excision of basal cell or squamous cell carcinoma of skin	1	0	5	38	357	1,367	3,535	5,690	7,887	9,488	2,903	31,271
36 Spinal injection	76	6	16	339	584	1,030	2,010	4,878	8,685	8,860	2,292	28,776
738 Venous catheterisation	2,513	392	656	1,191	1,552	2,059	3,143	4,672	5,526	4,401	868	26,974
1890 Therapeutic interventions on cardiovascular system	69	155	341	520	813	1,420	3,619	6,351	5,959	3,617	432	23,298
1963 Computerised tomography of abdomen and pelvis	10	73	358	1,450	1,910	2,435	2,954	3,517	4,408	4,098	1,184	22,397
412 Tonsillectomy or adenoidectomy	59	7,317	9,793	2,268	1,043	532	197	93	48	20	2	21,372
1517 Arthroscopic meniscectomy of knee with repair	0	1	47	1,113	2,319	4,154	5,533	4,440	2,211	759	53	20,630
1635 Repair of wound of skin and subcutaneous tissue	68	1,166	2,194	4,645	3,871	2,840	1,883	1,284	1,020	925	514	20,410
309 Myringotomy	720	10,325	7,222	290	199	291	372	379	306	174	26	20,304
1165 Transurethral prostatectomy	0	0	0	0	4	26	682	3,844	7,377	6,797	1,542	20,272
Other	54,977	47,922	87,331	116,984	140,611	181,908	224,297	255,919	268,051	217,588	47,696	1,643,294
No procedure or not reported	40,133	46,887	39,839	49,125	60,078	62,651	67,162	67,383	75,787	74,546	25,277	608,903
Total^(b)	81,975	105,024	134,245	181,917	236,377	306,164	397,134	464,938	526,912	436,308	103,065	2,974,106

(a) Includes separations for which age was not reported.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table

Table 9.18: Separations for females for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2001–02

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(a)
1910 General anaesthesia	4,639	23,123	42,204	79,770	134,753	150,549	140,577	107,535	87,031	63,562	16,856	850,601
1916 Generalised allied health interventions	7,246	5,194	9,176	31,576	61,658	45,744	44,972	53,505	78,474	119,401	72,676	529,625
1911 Sedation	253	928	1,659	14,110	27,747	45,116	64,067	68,904	75,718	74,063	20,388	392,953
1059 Haemodialysis	2	3	629	4,602	13,899	26,444	42,344	54,351	79,868	42,151	1,586	265,879
1780 Chemotherapy administration	171	1,318	1,936	1,658	4,375	15,149	30,667	34,518	28,603	13,213	960	132,568
905 Fiberoptic colonoscopy	3	17	105	2,471	7,032	17,547	29,715	28,133	23,324	15,862	3,245	127,454
1008 Panendoscopy with excision	118	456	1,443	5,831	9,711	16,785	25,184	23,647	20,165	15,135	3,799	122,274
1893 Transfusion of blood and gamma globulin	1,142	916	1,910	3,434	5,934	6,749	8,811	11,893	18,863	24,742	13,024	97,418
1885 Injection or infusion of therapeutic or prophylactic substance	8,397	2,701	3,933	4,260	7,022	9,075	13,681	14,742	14,989	11,586	3,319	93,705
1265 Curettage of uterus	0	0	36	5,925	18,812	24,323	21,544	9,589	4,258	1,658	236	86,381
197 Extracapsular crystalline lens extraction by phacoemulsification	0	1	7	50	106	453	2,238	7,202	22,965	35,847	9,253	78,122
911 Fibreoptic colonoscopy with excision	16	59	333	2,771	5,303	9,163	15,156	17,097	15,595	10,637	1,976	78,106
1344 Postpartum suture	0	0	28	14,591	45,120	11,582	39	2	3	0	0	71,365
1267 Evacuation of uterus	0	0	159	22,174	31,369	15,324	451	10	7	2	1	69,498
1334 Medical or surgical induction of labour	0	0	33	13,530	41,564	11,131	80	0	0	0	0	66,338
1340 Caesarean section	0	0	13	8,976	40,114	15,051	153	1	0	0	0	64,308
1259 Examination procedures on uterus	0	4	43	3,611	12,996	17,363	16,797	7,359	3,195	1,181	165	62,714
1952 Computerised tomography of brain	634	1,012	1,363	2,936	3,702	4,208	5,009	5,651	9,065	16,938	11,137	61,656
1335 Medical or surgical augmentation of labour	0	0	27	13,683	33,690	7,628	28	0	0	0	0	55,056
1333 Epidural injection during labour	0	0	22	10,427	34,382	8,544	53	0	0	0	0	53,428
487 Anaesthesia and sedation for dental procedure	9	3,502	7,448	22,302	9,342	4,338	2,668	1,415	653	468	172	52,317
36 Spinal injection	11	2	8	3,911	18,277	8,096	1,938	2,799	4,325	5,728	3,112	48,207
1005 Panendoscopy	28	79	198	1,546	3,007	5,368	8,336	8,999	8,861	8,145	2,852	47,419
458 Surgical removal of tooth	1	437	3,713	24,643	9,722	3,809	2,176	1,141	583	482	175	46,882
1620 Excision of benign lesion of skin and subcutaneous tissue	139	566	1,746	2,309	3,757	5,770	6,625	5,263	3,973	3,754	1,497	35,399
965 Cholecystectomy	1	4	87	2,233	5,433	6,131	6,628	5,675	3,937	2,189	437	32,755
1343 Other procedures associated with delivery	0	0	16	6,339	20,905	5,187	20	2	1	0	1	32,471
1297 Procedures for reproductive medicine	0	0	0	372	12,957	15,135	566	2	0	1	1	29,034
1088 Examination procedures on bladder	47	183	337	651	1,549	3,683	5,802	5,654	5,448	4,468	1,029	28,851
984 Laparoscopy	22	20	188	4,685	9,627	7,823	3,475	1,181	751	393	85	28,250
Other	39,407	45,661	76,030	137,044	264,689	266,262	279,399	254,070	254,172	235,240	79,544	1,931,520
No procedure or not reported	32,684	35,239	28,851	91,275	139,925	85,028	65,079	57,531	64,872	81,991	47,449	729,945
Total^(b)	60,055	73,372	97,492	296,347	528,604	441,285	435,340	419,523	458,415	436,396	173,378	3,420,234

(a) Includes separations for which age was not reported.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table

Table 9.19: Procedure statistics in ICD-10-AM chapters, by Indigenous status^(a), all hospitals, Australia, 2001–02

Procedure block	Count of procedures		Procedures for patients identified as		Procedures per 1,000 population ^(b)		
	Indigenous	Non-Indigenous	Indigenous (%)	Non-Indigenous	Indigenous	Non-Indigenous	Rate ratio ^(c)
1–86	3,924	279,900	1.8		10.5	14.5	0.7
110–129	124	11,465	0.1		0.4	0.6	0.6
160–256	1,658	215,571	0.8		6.8	11.1	0.6
300–333	1,761	58,333	0.8		4.8	3.1	1.6
370–422	1,584	171,199	0.7		4.2	9.0	0.5
450–490	4,822	267,667	2.2		15.1	14.1	1.1
520–569	4,729	168,283	2.2		17.4	8.7	2.0
600–767	6,425	442,743	2.9		21.5	22.9	0.9
800–817	371	42,381	0.2		1.2	2.2	0.6
850–1011	9,211	1,156,596	4.2		26.8	60.0	0.4
1040–1128	67,161	821,881	30.8		215.9	42.5	5.1
1059	64,240	568,004	29.5		206.5	29.4	7.0
<i>Other</i>	2,921	253,877	1.3		9.5	13.1	0.7
1160–1203	812	87,056	0.4		2.8	4.5	0.6
1240–1299	6,583	476,190	3.0		14.1	25.0	0.6
1330–1347	12,069	420,874	5.5		19.6	22.2	0.9
1360–1579	8,667	562,484	4.0		20.3	29.3	0.7
1600–1718	8,358	475,722	3.8		22.8	24.7	0.9
1740–1759	368	56,077	0.2		1.0	2.9	0.3
1780–1799	1,655	279,113	0.8		5.4	14.4	0.4
1820–1916	69,222	4,747,932	31.7		213.2	246.1	0.9
1940–2016	8,578	519,339	3.9		26.2	26.9	1.0
Total (excluding haemodialysis)	153,842	10,692,802	70.5		443.6	555.4	0.8
Total (including haemodialysis)	218,082	11,260,806	100.0		650.5	584.9	1.1

(a) Identification of Indigenous patients is not considered to be complete and completeness varies among jurisdictions. See the text of Chapter 7 for further detail.

(b) The rates were directly age-standardised to the Australian population at 30 June 2001. The rate for non-Indigenous persons includes *Not Reported*. For details, see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au>.

(c) The rate ratio is equal to the rate for Indigenous people divided by the rate for non-Indigenous people (which includes *Not Reported*)

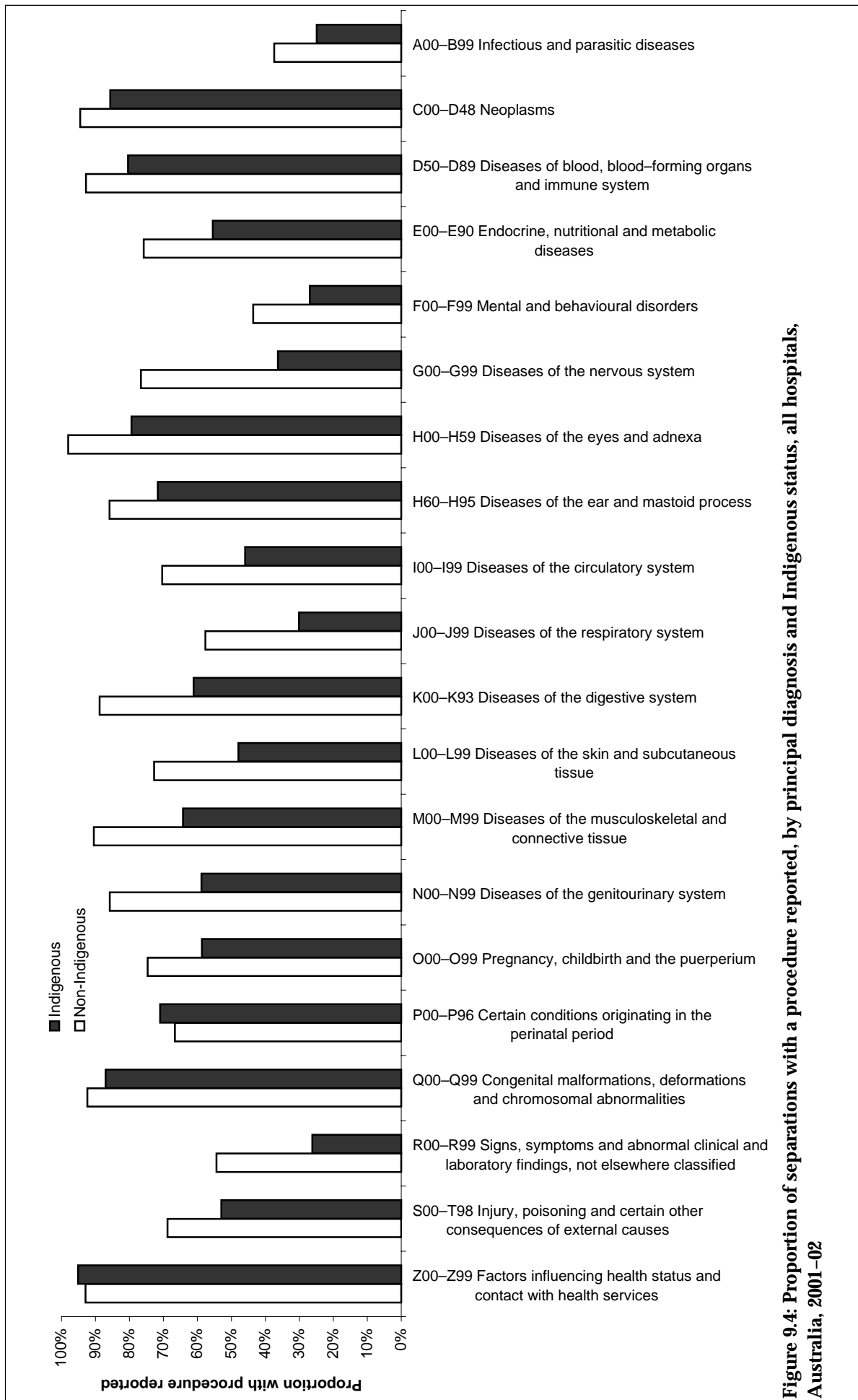


Figure 9.4: Proportion of separations with a procedure reported, by principal diagnosis and Indigenous status, all hospitals, Australia, 2001–02

10 External causes for admitted patients

Introduction

An external cause is defined in the *National Health Data Dictionary* version 10.0 (NHDC 2001) as the event, circumstance or condition associated with the occurrence of injury, poisoning or violence. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded, as is a code recording the activity of the person at the time of the event.

External causes for 2001–02 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories except South Australia using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)* (NCCH 2000). South Australia mapped the data collected using that classification forward to codes of the third edition of ICD-10-AM (NCCH 2002). The Institute mapped these data backward to the second edition codes so that national data could be presented in a single classification in this report. The mapped data are not completely equivalent to unmapped data, so this means that the South Australian data should be interpreted with these mappings in mind. Further information about the backward mapping and other information about the quality of the ICD-10-AM coded data are presented in Appendix 3.

As indicated above, one or more external causes of injury or poisoning can be reported for each separation in the National Hospital Morbidity Database. External causes can be reported for principal diagnoses other than those in the ICD-10-AM injury and poisoning chapter, and for additional diagnoses in the injury and poisoning chapter and elsewhere. Hence, data on external causes for this report are presented as the separations for which there was one or more external causes reported within the group of external causes (an ICD-10-AM block or chapter) being considered. Because more than one external cause can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows.

The external cause classification (chapter XX of ICD-10-AM) is hierarchical, consisting of 374 3-character categories. The information in this chapter is presented by grouping the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM external cause classification. Full descriptions of the categories are available in the ICD-10-AM publication.

Tables are presented with summary national separations, patient day and average length of stay statistics for public and private hospitals and for public patients. Also provided are summary separation data by state and territory, national information on age group and sex distributions, and summary information on the reported places of occurrence of the external cause, and on the reported activity of the patient when injured.

External cause and other data elements reported for separations

The information on the external cause reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 10.1 demonstrates this using the example of the external cause V01–V99 *Transport accidents*. There were 61,013 separations with this external cause, with an average length of stay of 5.1 days. Approximately 67.6% of separations were for male patients in comparison with 46.5% in hospitals overall (Table 7.1). The age group from 15 to 24 years reported the most separations (16,126, 26.4%), followed by the 25 to 34 age group (11,629, 19.1%). Almost 90% of separations with this external cause were in the public sector (54,648). A large proportion of patients had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital (49,817, 81.6%), while 14.1% of patients were discharged or transferred to another acute hospital. The most common principal diagnosis associated with *Transport accidents* (V01–V99) was *Fracture of lower leg, including ankle* (S82 5,303) and the most common additional diagnosis was *Problems related to lifestyle* (Z72), which includes tobacco and alcohol use (6,150). All the top 10 principal diagnoses were injury diagnoses except *Care involving use of rehabilitation procedures* (Z50, 2,387). The most common place of occurrence was *Street and highway* (Y92.4, 36,159).

Sector

There were 722,413 separations in 2001–02 with an external cause and these separations accounted for 5,069,362 patient days (Table 10.1). This represented 11.3% of all separations and 21.8% of all patient days. The majority of separations (553,304, 76.6%) and patient days (3,812,426, 75.2%) were reported for the public sector. Overall, the average length of stay was similar in the public sector (6.9 days) and the private sector (7.4 days).

The most frequently reported external cause group in both the public sector and the private sector was *Complications of medical and surgical care* (Y40–Y84), with a total of 262,168 separations (4.1% of total separations).

The second most frequently reported type of external cause of injury and poisoning in both sectors was *Falls* (W00–W19, 170,328). The next most frequently reported external cause group in the public sector was *Exposure to mechanical forces* (W20–W64, 66,310) and in the private sector *Other external causes of accidental injury* (X50–X59, 26,935).

Transport accidents (V01–V99) accounted for a further 9.9% of external cause separations from public hospitals (54,648), but only 3.8% from private hospitals (6,365). *Intentional self-harm* (X60–X84) and *Assault* (X85–Y09) accounted for 27,991 separations or 5.1%, and 24,586 separations or 4.4%, respectively, of external cause separations from public hospitals, but less than 1.0% of external cause separations from private hospitals (1,537 and 861 respectively).

Average length of stay was highest for *Other accidental threats to breathing* (W75–W84) in both the public sector (17.1 days) and the private sector (12.6 days).

States and territories

External causes were reported for between 9.8% and 12.2% of separations for all states and territories. Differences in coding and data recording practices and in the capacity to report external causes among the jurisdictions and between the public and private sectors may have slightly affected the comparability of the reported external cause data.

The distributions of separations among the external cause groups were generally similar among the states and territories (Table 10.2), with *Complications of medical and surgical care* (Y40–Y84), *Falls* (W00–W19), *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99) being among the most common in nearly every state.

Age group and sex

For females, 9.7% of separations overall had an external cause (330,649) compared with 13.2% of separations for males (391,746).

The numbers of separations with an external cause varied by age group and sex (Tables 10.3 and 10.4). The most common external cause group for females was *Complications of medical and surgical care* (Y40–Y84) (39.9% of the total for females, 131,997), followed by *Falls* (W01–W19) (29.2%, 96,568). For males, *Complications of medical and surgical care* (Y40–Y84, 33.2% of the total for males, 130,168) and *Falls* (W01–W19) were also the most commonly reported groups (18.8%, 73,759). *Transport accidents* (V01–V99) were reported for 10.5% of male external cause separations (41,233) and 6.0% of female separations (19,778).

For females, the highest number of separations for external causes was in the 75 to 84 years age group (18.3%), whereas for males highest numbers were reported in the 15 to 24 (14.4%) and 25 to 34 (13.4%) years age groups.

In the age groups under 14 years, *Falls* (W01–W19) were the most commonly reported external causes for both males and females, followed by *Exposure to mechanical forces* (W20–W64) and *Complications of medical and surgical care*. *Complications of medical and surgical care* (Y40–Y84) were the most commonly reported external causes for females of all other age groups except those over 75 years, and for males aged 35 to 84 years. *Exposure to mechanical forces* (W20–W64) was the most commonly reported external cause for males aged 15 to 34 years. *Intentional self-harm* (X60–X84) was common for females, particularly those aged 15 to 44 years. *Falls* (W01–W19) were most common for males and females aged 75 years and over.

Place of occurrence

In ICD-10-AM, the place of occurrence of the external cause is required to be reported for external cause codes V01–Y89; that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09), *Events of undetermined intent* (Y10–Y34), *Legal intervention and operations of war* (Y35–Y36), *Complications of medical and surgical care* (Y40–Y84) and *Sequelae of external causes of morbidity and mortality* (Y85–Y89). Of the records with an external cause code reported, 96.5% also had a place of occurrence code reported, so 3.5% of records that required a place of occurrence code did not have one reported. Place of occurrence was, however, reported for some separations for which it was not required.

Health services area was the most commonly reported specified place of occurrence (243,896), with 89.1% of separations with this place of occurrence having an external cause of

Complication of medical and surgical care (Y40–Y84) (Table 10.5). The next most commonly reported specified place of occurrence was *Home* (136,519), and this was the most frequently reported place of occurrence for *Falls* (W00–W19, 62,435), *Exposure to smoke, fire, flames, hot substances* (X00–X19, 4,430), *Accidental poisoning* (X40–X49, 7,155) and *Intentional self-harm* (X60–X84, 17,102).

Falls (W00–W19) was the most common external cause group in the *Home* category, accounting for 45.7% of these separations (62,435), and in the *Residential institution* category (9,471, 76.4% of these separations).

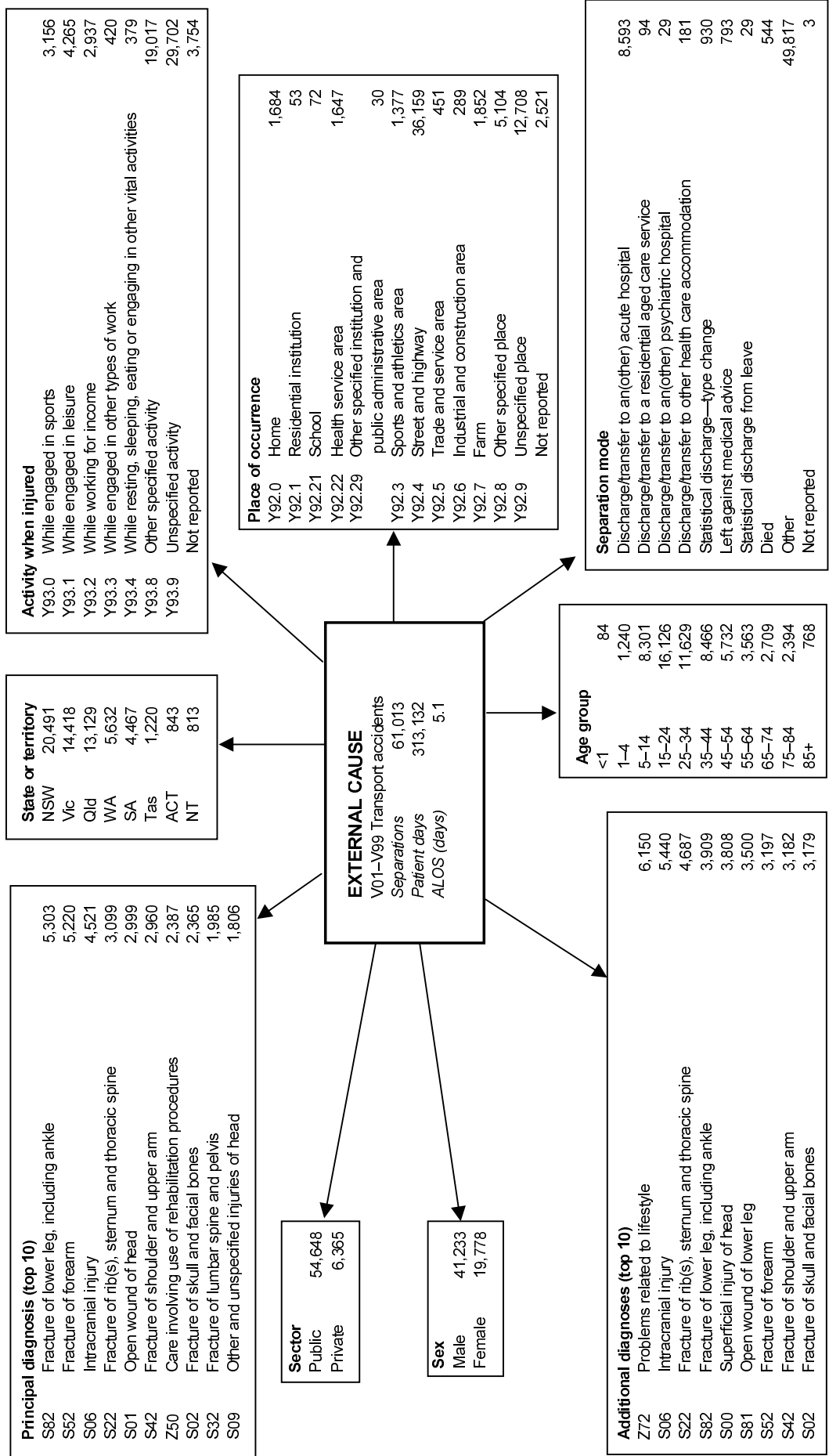
Activity when injured

The activity of the injured person at the time of occurrence of the external cause is required to be reported for external causes codes V01–Y34; that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09) and *Events of undetermined intent* (Y10–Y34). Of the records with external causes codes V01–Y34, 95.9% also had an activity when injured code reported, so 4.1% of records that required an activity when injured code did not have one reported. Activity was, however, reported for some separations for which it was not required. The two most commonly reported were *Other specified* and *Unspecified*, accounting for 48.6% (351,115) of separations for which an external cause was reported (Table 10.6), and activity codes were not reported for 38.2% of separations. Ignoring these categories, the most commonly reported activity at the time of injury was and *Resting, sleeping, eating and other vital activities* accounting for 4.0% (28,626) of all external cause separations followed by *Working for income*, (3.9%, 28,445) and *Sports activity* (including *Other and unspecified sporting activity*) (3.7%, 27,046).

Principal diagnosis

Table 10.7 presents data showing the first reported external cause for separations with an injury or poisoning as the principal diagnosis. Although data reported on external causes and data reported on diagnoses cannot generally be unequivocally linked, it is likely that the first reported external cause would be related to the principal diagnosis when the latter is an injury or poisoning. In contrast, if the principal diagnosis is not an injury or poisoning, the first reported external cause is relatively less likely to relate to it, and relatively more likely to relate to an additional diagnosis.

Injuries to upper and lower limbs (S40–S99) (195,955, 45.0%) and *Injuries to head and neck* (S00–S19) (73,535, 16.9%) were the most common types of injuries associated with external causes. The most common causes of these injuries were *Falls* (W00–W19) and *Exposure to mechanical forces* (W20–W64). The most common injuries resulting from *Falls* (W00–W19) were *Injuries to upper and lower limbs* (S40–S99) (63,761, 74.0%) and *Injuries to head and neck* (S00–S19) (17,969, 20.9%). These were also the most common injuries associated with *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99). The most common injuries caused by *Assault* (X85–Y09) were *Injuries to head and neck* (S00–S19) (11,103, 73.0%), while the most common injuries caused by *Intentional self-harm* (X60–X84) were *Poisoning and toxic effects* (T36–T65) (14,329, 84.2%).



Note: Main abbreviations: ALOS—average length of stay.
Figure 10.1: Interrelationships of an external cause (V01-V99 Transport accidents) with other data elements, all hospitals, Australia, 2001-02

Table 10.1: Selected separation statistics by external cause in ICD-10-AM groupings and hospital sector, Australia, 2001–02

External cause	Separations	Same day separations	Public patient separations		Patient days	ALOS (days)	ALOS excluding same day
			Public patient separations	Public hospitals			
V01–V99	54,648	16,308	32,674	267,081	4.9	6.5	
W00–W19	138,371	31,730	114,414	1,160,162	8.4	10.6	
W20–W64	66,310	25,942	54,427	203,901	3.1	4.4	
W65–W74	543	142	487	1,366	2.5	3.1	
W75–W84	2,190	269	1,861	37,391	17.1	19.3	
W85–W99	1,379	809	944	3,932	2.9	5.5	
X00–X19	7,651	2,921	6,820	57,237	7.5	11.5	
X20–X39	5,291	2,160	4,686	13,730	2.6	3.7	
X40–X49	13,627	5,044	12,547	40,106	2.9	4.1	
X50–X59	28,929	11,184	24,627	158,363	5.5	8.3	
X60–X84	27,991	7,844	26,815	110,589	4.0	5.1	
X85–Y09	24,586	9,808	23,479	74,072	3.0	4.3	
Y10–Y34	2,858	932	2,754	17,935	6.3	8.8	
Y35–Y36	116	51	104	620	5.3	8.8	
Y40–Y84	180,021	29,113	150,495	1,852,400	10.3	12.1	
Y85–Y98	16,880	5,190	14,234	147,057	8.7	12.1	
Total	553,304	147,624	457,015	3,812,426	6.9	9.0	
Private hospitals							
V01–V99	6,365	1,667	602	46,051	7.2	9.4	
W00–W19	31,957	4,630	2,099	339,329	10.6	12.2	
W20–W64	12,070	5,670	735	35,105	2.9	4.6	
W65–W74	58	35	10	202	3.5	7.3	
W75–W84	298	35	16	3,759	12.6	14.2	
W85–W99	185	128	4	543	2.9	7.3	
X00–X19	536	98	58	5,013	9.4	11.2	
X20–X39	392	93	78	1,676	4.3	5.3	
X40–X49	929	161	151	5,863	6.3	7.4	
X50–X59	26,935	11,276	457	95,438	3.5	5.4	
X60–X84	1,537	309	595	15,520	10.1	12.4	
X85–Y09	861	371	261	2,620	3.0	4.6	
Y10–Y34	336	85	84	2,223	6.6	8.5	
Y35–Y36	8	3	6	24	3.0	4.2	
Y40–Y84	82,147	12,627	3,796	729,892	8.9	10.3	
Y85–Y98	8,042	2,874	197	41,942	5.2	7.6	
Total	169,109	39,861	8,864	1,256,936	7.4	9.4	

Note: Abbreviations: ALOS—average length of stay, exp.—exposure to.

Table 10.2: Separations, by external cause in ICD-10-AM groupings and hospital sector, states and territories, 2001–02

External cause	Public hospitals							Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT
V01–V99 Transport accidents	18,621	13,169	11,389	4,807	4,048	985	816	813	54,648
W00–W19 Falls	56,027	33,789	22,688	11,356	9,041	2,446	1,869	1,155	138,371
W20–W64 Exposure to mechanical forces	22,120	15,086	15,867	5,753	4,227	1,243	769	1,245	66,310
W65–W74 Accidental drowning and submersion	225	55	166	50	30	6	2	9	543
W75–W84 Other accidental threats to breathing	461	937	377	162	142	36	11	64	2,190
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	316	177	466	240	84	145	4	29	1,379
X00–X19 Exp. smoke, fire, flames, hot substances	2,605	1,293	1,923	781	667	163	68	169	7,651
X20–X39 Exp. venomous plants, animals, forces of nature	1,664	751	1,695	542	472	89	15	63	5,291
X40–X49 Accidental poisoning	4,355	3,340	2,998	1,273	1,227	207	112	115	13,627
X50–X59 Other external causes of accidental injury	10,140	7,838	5,123	2,666	1,804	567	458	333	28,929
X60–X84 Intentional self-harm	9,493	6,307	5,644	2,722	2,467	737	349	272	27,991
X85–Y09 Assault	7,863	4,523	5,426	3,048	1,576	345	155	1,650	24,586
Y10–Y34 Events of undetermined intent	514	1,387	343	349	107	31	42	85	2,858
Y35–Y36 Legal intervention and operations of war	41	26	17	15	9	2	1	5	116
Y40–Y84 Complications of medical and surgical care	57,474	48,179	30,569	16,902	16,575	5,867	2,739	1,716	180,021
Y85–Y98 Sequelae and supplementary factors	5,394	3,071	4,312	1,552	1,250	615	209	477	16,880
Total^(a)	191,129	135,445	105,307	49,950	43,596	12,783	7,367	7,727	553,304
Private hospitals									
V01–V99 Transport accidents	1,870	1,249	1,740	825	419	n.p.	n.p.	..	6,365
W00–W19 Falls	8,403	6,565	9,642	3,337	2,921	n.p.	n.p.	..	31,957
W20–W64 Exposure to mechanical forces	2,551	2,267	3,900	1,805	1,058	444	45	..	12,070
W65–W74 Accidental drowning and submersion	36	0	n.p.	n.p.	0	4	0	..	58
W75–W84 Other accidental threats to breathing	55	73	73	41	47	n.p.	n.p.	..	298
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	24	20	127	8	n.p.	n.p.	0	..	185
X00–X19 Exp. smoke, fire, flames, hot substances	101	134	143	78	59	n.p.	n.p.	..	536
X20–X39 Exp. venomous plants, animals, forces of nature	46	37	160	69	36	n.p.	n.p.	..	392
X40–X49 Accidental poisoning	153	152	344	155	61	n.p.	n.p.	..	929
X50–X59 Other external causes of accidental injury	9,436	5,606	5,937	2,436	2,811	408	301	..	26,935
X60–X84 Intentional self-harm	194	274	378	546	34	n.p.	n.p.	..	1,537
X85–Y09 Assault	198	98	229	245	39	n.p.	n.p.	..	861
Y10–Y34 Events of undetermined intent	99	59	72	75	17	n.p.	n.p.	..	336
Y35–Y36 Legal intervention and operations of war	0	0	n.p.	n.p.	0	0	0	..	8
Y40–Y84 Complications of medical and surgical care	22,252	16,805	22,690	9,657	7,930	2,025	788	..	82,147
Y85–Y98 Sequelae and supplementary factors	2,872	1,426	1,998	673	725	279	69	..	8,042
Total^(a)	47,304	34,136	46,238	19,406	16,139	4,512	1,374	..	169,109

(a) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

.. not available.

n.p. not published.

Table 10.3: Separations for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2001-02

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(a)
V01-V99 Transport accidents	46	790	5,770	11,555	8,335	5,930	3,756	2,142	1,428	1,137	344	41,233
W00-W19 Falls	484	3,975	12,132	6,943	5,479	5,449	5,634	5,533	7,563	12,357	8,202	73,759
W20-W64 Exposure to mechanical forces	222	3,288	6,689	12,141	11,152	8,351	6,466	4,218	2,580	1,667	514	57,288
W65-W74 Accidental drowning and submersion	31	141	31	51	44	22	31	22	18	7	0	398
W75-W84 Other accidental threats to breathing	76	100	56	53	77	79	125	147	221	377	205	1,517
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	4	23	31	230	318	176	129	51	25	42	3	1,032
X00-X19 Exp. smoke, fire, flames, hot substances	238	1,281	682	708	605	508	389	265	210	190	86	5,162
X20-X39 Exp. venomous plants, animals, forces of nature	24	205	494	520	580	575	424	269	205	148	62	3,507
X40-X49 Accidental poisoning	143	1,544	352	1,120	1,302	957	624	381	422	336	145	7,328
X50-X59 Other external causes of accidental injury	151	773	2,770	7,337	6,681	5,265	3,999	2,487	1,687	1,790	800	33,742
X60-X84 Intentional self-harm	0	5	125	2,559	3,679	2,831	1,581	606	264	194	80	11,925
X85-Y09 Assault	154	134	398	6,145	5,408	3,548	1,618	536	164	75	34	18,217
Y10-Y34 Events of undetermined intent	5	25	70	377	410	304	138	65	38	37	13	1,482
Y35-Y36 Legal intervention and operations of war	0	0	0	30	36	30	12	0	2	3	0	113
Y40-Y84 Complications of medical and surgical care	1,030	2,052	3,362	5,811	6,932	9,480	14,458	22,524	29,761	27,603	7,153	130,168
Y85-Y98 Sequelae and supplementary factors	45	198	603	2,305	3,143	3,167	2,558	1,781	1,236	732	164	15,934
Total^(b)	2,617	28,764	33,195	56,471	52,629	45,347	40,825	40,030	44,547	44,875	16,807	391,746

(a) Includes separations for which age was not reported.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.
 Note: Abbreviation: exp.—exposure to.

Table 10.4: Separations for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2001–02

External cause	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(a)
V01–V99 Transport accidents	38	450	2,531	4,569	3,294	2,536	1,976	1,421	1,281	1,257	424	19,778
W00–W19 Falls	434	2,930	6,891	2,479	3,036	3,516	4,902	6,489	11,502	28,037	26,349	96,568
W20–W64 Exposure to mechanical forces	191	2,385	3,110	2,764	2,586	2,565	2,248	1,446	1,225	1,525	1,046	21,091
W65–W74 Accidental drowning and submersion	25	99	29	15	11	3	6	5	8	2	0	203
W75–W84 Other accidental threats to breathing	58	61	38	21	39	55	80	95	110	207	207	971
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	4	11	29	135	170	57	53	34	11	20	8	532
X00–X19 Exp. smoke, fire, flames, hot substances	219	909	311	237	228	280	222	140	143	184	150	3,023
X20–X39 Exp. venomous plants, animals, forces of nature	13	119	308	229	259	288	256	183	144	194	183	2,176
X40–X49 Accidental poisoning	133	1,251	342	1,245	1,109	903	677	401	384	522	260	7,227
X50–X59 Other external causes of accidental injury	126	599	1,349	2,118	2,464	2,608	2,386	1,978	2,154	3,709	2,628	22,120
X60–X84 Intentional self-harm	0	5	491	4,862	4,565	4,174	2,244	704	287	203	65	17,602
X85–Y09 Assault	133	108	242	1,769	2,329	1,573	656	201	91	83	45	7,230
Y10–Y34 Events of undetermined intent	9	11	53	432	422	378	191	65	65	47	39	1,712
Y35–Y36 Legal intervention and operations of war	0	0	0	2	4	1	1	2	1	0	0	11
Y40–Y84 Complications of medical and surgical care	747	1,414	2,362	5,366	9,779	13,961	17,806	19,119	23,764	26,482	11,197	131,997
Y85–Y98 Sequelae and supplementary factors	8	216	350	934	1,231	1,602	1,443	991	914	856	442	8,987
Total^(b)	2,116	10,448	18,253	26,556	30,816	33,727	34,357	32,545	40,825	60,519	40,487	330,649

(a) Includes separations for which age was not reported.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table

Note: Abbreviation: exp.—exposure to.

Table 10.5: Separations, by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2001–02

External cause	School, other public area							Street & highway
	Home	Residential institution	School	Health service area	Other athletics area	Sports & athletics area		
V01–V99 Transport accidents	1,630	51	71	148	27	1,367	35,686	
W00–W19 Falls	62,435	9,471	4,124	17,432	1,299	7,657	5,602	
W20–W64 Exposure to mechanical forces	17,047	533	1,236	2,318	200	5,539	633	
W65–W74 Accidental drowning and submersion	208	1	0	0	2	45	1	
W75–W84 Other accidental threats to breathing	606	113	7	978	12	3	9	
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	247	3	5	117	1	5	9	
X00–X19 Exposure to smoke, fire, flames, hot substances	4,430	35	25	261	15	41	65	
X20–X39 Exp. venomous plants, animals, forces of nature	1,626	38	59	74	11	59	113	
X40–X49 Accidental poisoning	7,155	160	70	939	46	27	100	
X50–X59 Other external causes of accidental injury	4,626	448	334	2,313	135	5,338	382	
X60–X84 Intentional self-harm	17,102	426	74	1,354	71	26	395	
X85–Y09 Assault	4,525	382	182	242	160	182	1,750	
Y10–Y34 Events of undetermined intent	1,303	28	17	140	7	9	58	
Y35–Y36 Legal intervention and operations of war	13	5	1	7	1	0	14	
Y40–Y84 Complications of medical and surgical care	12,659	612	68	217,294	346	14	72	
Y85–Y98 Sequelae and supplementary factors	1,417	117	86	2,212	45	584	3,983	
Total^(a)	136,519	12,395	6,354	243,896	2,374	20,886	48,762	

External cause	Trade & service area			Industrial & construction area			Other specified places		Unspecified place		Total
	Trade & service area	Industrial & construction area	Farm	Other specified places	Unspecified place	Not reported					
V01–V99 Transport accidents	437	286	1,844	5,042	12,465	2,058	42,482				
W00–W19 Falls	5,389	1,535	436	6,678	42,140	7,146	112,796				
W20–W64 Exposure to mechanical forces	2,861	5,807	1,692	4,393	33,347	2,935	56,365				
W65–W74 Accidental drowning and submersion	11	4	6	237	58	28	363				
W75–W84 Other accidental threats to breathing	21	9	3	30	557	147	2,036				
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	52	135	12	676	265	44	1,255				
X00–X19 Exposure to smoke, fire, flames, hot substances	149	165	85	441	2,147	351	5,765				
X20–X39 Exp. venomous plants, animals, forces of nature	37	53	138	940	2,350	187	4,111				
X40–X49 Accidental poisoning	371	274	56	340	4,277	1,808	11,628				
X50–X59 Other external causes of accidental injury	1,107	1,240	160	1,447	35,791	2,598	37,725				
X60–X84 Intentional self-harm	335	64	8	766	7,674	5,958	25,428				
X85–Y09 Assault	2,335	81	7	1,312	12,753	1,764	16,096				
Y10–Y34 Events of undetermined intent	57	5	4	92	1,355	594	3,108				
Y35–Y36 Legal intervention and operations of war	6	1	0	9	48	22	101				
Y40–Y84 Complications of medical and surgical care	132	80	9	597	21,506	16,543	196,631				
Y85–Y98 Sequelae and supplementary factors	504	800	108	1,028	10,888	3,248	24,816				
Total^(a)	13,770	10,518	4,552	23,938	186,885	44,319	722,413				

(a) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

Table 10.7: Separations, by first-reported external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2001–02

External cause	Injuries to										Total
	Injuries to head & neck (S00–S19)	Injuries to thorax, abdomen, back, spine & pelvis (S20–S39)	Injuries to upper & lower limbs (S40–S99)	Injuries to unspecified foreign body effects (T00–T19)	Burns & frostbite (T20–T35)	Poisoning & toxic effects (T36–T65)	Other & unspecified effects of external causes (T66–T79)	Complications of medical & surgical care (T80–T88)	Other trauma complications; external cause sequelae (T89–T98)		
V01–V99 Transport accidents	11,876	8,046	18,791	489	115	5	152	11	13	35,500	
W00–W19 Falls	17,969	10,771	63,761	538	16	26	139	127	20	86,128	
W20–W64 Exposure to mechanical forces	8,277	2,104	33,843	5,021	271	78	425	39	132	45,123	
W65–W74 Accidental drowning and submersion	20	12	14	2	0	0	424	0	0	425	
W75–W84 Other accidental threats to breathing	9	3	8	421	0	3	24	3	0	527	
W85–W99 Exp. electricity, radiation, extremes ^(a)	6	2	20	1	141	0	982	2	0	1,083	
X00–X19 Exp. smoke, fire, flames, hot substances	17	4	40	0	4,238	259	43	3	1	4,387	
X20–X39 Exp. venomous plants, animals ^(b)	36	6	209	17	20	2,785	718	3	4	3,626	
X40–X49 Accidental poisoning	49	8	30	27	292	7,640	236	23	0	8,025	
X50–X59 Other external causes of accidental injury	4,313	2,187	21,865	398	49	55	1,865	205	19	29,216	
X60–X84 Intentional self-harm	351	341	1,528	93	87	14,329	261	3	1	17,016	
X85–Y09 Assault	11,103	1,789	3,262	161	69	97	421	6	25	15,220	
Y10–Y34 Events of undetermined intent	66	47	236	13	15	846	35	1	0	1,246	
Y35–Y36 Legal intervention and operations of war	13	8	24	1	0	0	0	0	0	44	
Y40–Y84 Complications of medical and surgical care	255	384	1,267	45	69	714	1,166	49,893	4	67,156	
Y85–Y98 Sequelae and supplementary factors	175	77	424	19	6	60	61	135	15	6,096	
Total	73,535	35,432	195,955	9,179	7,109	37,113	8,410	68,604	236	435,573	

(a) Extreme temperature/pressure.

(b) Or forces of nature.

Note: Abbreviation: exp.—exposure to.

11 Australian Refined Diagnosis Related Groups for admitted patients

Introduction

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. The classification categorises acute admitted patient episodes of care into groups with similar conditions and similar usage of hospital resources, using information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 4.2 (DHAC 1998, 2000a, 2002b).

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs) into which the 661 AR-DRGs can be grouped. The MDCs are mostly defined by body system or disease type, and some correspond with particular medical specialities.

In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource intensive can also be assigned to the Pre-MDC category (AR-DRGs A01Z–A41Z), irrespective of the MDC assigned on the basis of principal diagnosis. Records for these episodes have been categorised separately in tables and figures based on MDCs in this chapter. Episodes with Error DRGs (AR-DRGs 901Z–903Z, 961Z–963Z and 960Z, see Glossary) have been similarly categorised separately, even if they were assigned to an MDC, and are presented in Appendix 3.

Episodes are assigned to AR-DRGs within MDCs, primarily on the basis of the procedure codes (in the surgical partition) or the diagnosis codes (in the medical partition). When more than one AR-DRG is associated with a cluster of closely-related procedures or diagnoses, other variables, such as the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, and the mode of separation, are used for AR-DRG assignment.

The Institute regrouped the data, in consultation with the states and territories, and the AR-DRGs that resulted from this regrouping are reported here. They may differ from AR-DRGs derived at the state or territory level because of data updates applied to the National Hospital Morbidity Database.

The information in this chapter is presented using both levels of the AR-DRG classification:

- MDCs—these 23 groups are used to provide information aggregated at a high level (Figures 11.2 and 11.3, Tables 11.1 to 11.4);
- AR-DRGs—detailed information is presented for the 30 of the 661 AR-DRGs with the highest number of separations (Tables 11.5 to 11.17).

All tables in this chapter include separations for which the care type was reported as *Acute*, *Newborn* (for separations with at least one qualified day) or was not reported. That is,

separations for care types *Rehabilitation, Palliative care, Geriatric evaluation and management, Maintenance care, Other admitted patient care* and *Newborn* (for separations with unqualified days only) are excluded where they were able to be identified (see Table 6.10). Of the separations for which the care type was reported, 92.8% were reported as *Acute* (92.3%, 3,792,804 of 4,109,282 in the public sector and 93.5%, 2,312,061 of 2,472,424 in the private sector). For Tasmania, the care type was not reported for 32,317 private hospital separations.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented.

The average length of stay figures were calculated using all separations. That is, the data were not trimmed of separations with unusually long or short lengths of stay. A relative stay index (RSI) is also included in Tables 11.1 and 11.2 to provide a more accurate measure of the relative length of stay for each MDC between the public and private sectors. The RSI is defined as the actual number of acute bed days divided by the expected number of acute bed days adjusted for casemix (as more complex patients will have relatively longer lengths of stay). An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix distribution. An RSI of less than 1 indicates that the number of patient days was less than would have been expected (see Appendix 3 for more details).

Some data for private hospitals in Tasmania and the Australian Capital Territory have not been included in Tables 11.4, 11.10 and 11.12. These data were supplied but are not published, for confidentiality reasons.

Cost weights and costs by volume

For each AR-DRG, 2000–01 cost weights were used for the public and private sectors. These had been estimated by the Department of Health and Ageing, through the National Hospital Cost Data Collection (DHAC 2002). Cost weights for 2001–02 were not available at the time of printing.

The cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs, such that the average cost weight for all separations is 1.00. The data collection also provided estimates of average costs for each separation for an AR-DRG with a cost weight of 1.00: \$2,707 in the public sector and \$2,196 in the private sector (both including depreciation). Separate cost weights are estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The *Cost by volume* figures in this chapter were derived for each AR-DRG by multiplying the estimated average cost for the AR-DRG by the number of separations for the AR-DRG. For MDCs, the cost estimates for all the AR-DRGs within the MDC were then summed to produce an estimated cost for the MDC.

The *Cost by volume* figures in this chapter are estimates only, intended for use as a guide to the approximate relative costs of hospital services during 2001–02. They should be used with caution in any comparisons of the states and territories or the public and private sectors. They are not derived from, or comparable with, the expenditure and cost per casemix-adjusted separation information presented in Chapters 3 and 4.

Information based on the average cost weights of separations is also included in Chapters 2, 4 and 6. Appendix 6 includes further information on the National Hospital Cost Data Collection.

AR-DRGs and other data elements reported for separations

The information on AR-DRGs reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 11.1 demonstrates this using the example of the AR-DRG I18Z *Knee procedures*.

There were 83,518 separations with an AR-DRG of I18Z, with an average length of stay of 1.3 days. The majority of separations were in the private sector (76.5%). About 60.6% of patients were males and the most common age group reported was 45 to 54 years (17,236, 20.6%). The majority of patients (83,059, 99.5%) had a separation mode of *Other*, suggesting that most of these persons went home after separation from hospital. The most common principal diagnosis reported in conjunction with an AR-DRG of G02B was *Internal derangement of knee* (M23), followed by *Gonarthrosis (arthrosis of knee)* (M17), while the most common additional diagnosis was *Internal derangement of knee* (M23). The most common procedure performed was *General anaesthesia* (Block 1910), followed by *Arthroscopic meniscectomy of knee with repair* (Block 1517).

Major Diagnostic Categories

Sector

Figures 11.2 and 11.3 provide a summary of the numbers of separations and patient days reported for each of the MDCs by sector.

The MDC with the highest number of separations in the public sector was *Diseases and disorders of the kidney and urinary tract*, followed by *Diseases and disorders of the digestive system*. In the private sector, *Diseases and disorders of the digestive system* had the largest number of separations, followed by *Diseases and disorders of the musculoskeletal system and connective tissue*. For the public sector, the highest number of patient days was reported for the *Diseases and disorders of the circulatory system* MDC. The *Diseases and disorders of the musculoskeletal system and connective tissue* MDC accounted for the highest number of patient days in the private sector. For the public and private sectors combined, the MDC with the most separations was *Diseases and disorders of the kidney and urinary tract*. The largest numbers of patient days were reported for the *Diseases and disorders of the musculoskeletal system and connective tissue* MDC.

The average lengths of stay varied by MDC and hospital sector (Tables 11.1 and 11.2). In the public sector, they ranged from 1.4 days for *Diseases and disorders of the eye* to 28.6 days for the *Pre-MDC* group. In the private sector, the shortest average length of stay was 1.1 days for *Diseases and disorders of the eye*, and the longest was 29.7 days for the *Pre-MDC* group.

Notable differences between hospital sectors were for *Pregnancy, childbirth and puerperium*, where the average length of stay was higher for private hospitals (3.6 days) than for public hospitals (2.8 days); *Newborns and other neonates*, where the average length of stay was higher in public hospitals (7.9 days) than in private hospitals (6.1 days); *Infectious and parasitic diseases*, where the average length of stay was higher for private hospitals (5.9 days) than for public hospitals (4.6 days); and *Mental diseases and disorders*, where the average length of stay was higher for public hospitals (9.4 days) than for private hospitals (5.6 days). A variety of factors could be responsible for such discrepancies, for example different patient

populations (and numbers of separations for AR-DRGs within the MDCs), patterns of service provision, facilities available, treatment regimes and reporting practices.

The RSI data provide length of stay comparisons adjusted for the AR-DRG patterns within the MDCs and patient age. Differences between the sectors were recorded for MDCs such as *Diseases and disorders of the respiratory system*, with an RSI of 0.97 in the public sector and 1.12 in the private sector.

The cost by volume data for MDCs in Tables 11.1 and 11.2 show that the costliest MDC in the public sector was estimated to be *Diseases and disorders of the circulatory system*. In the private sector it was *Diseases and disorders of the musculoskeletal system and connective tissue*.

A total of 71.0% of separations in the public sector were for *Medical DRGs* (2,728,067), compared with 36.0% in the private sector (848,025). In contrast, there was a larger proportion of separations for *Surgical DRGs* (40.7%, 959,603) in the private sector than in the public sector (20.8%, 797,465).

States and territories

Tables 11.3 to 11.4 contain detail on the number of separations by MDC in the states and territories. These tables enable state by state comparisons of overall hospital use for the different MDCs, and the share of separations between the public and private sectors. For example, the proportion of total separations for *Diseases and disorders of the digestive system* in private hospitals (rather than public hospitals) was higher in Queensland (61.2%, 110,017) than in the other jurisdictions, for example the Australian Capital Territory (25.1%, 2,053). In contrast, the proportion of total separations for *Diseases and disorders of the eye* in public hospitals (rather than private hospitals) was higher than the national average (35.9%) in South Australia (46.2%, 8,542) and lower in Tasmania (9.4%, 492).

The distributions of separations by MDC within the states and territories were broadly consistent with those at the national level. Notable exceptions in the public sector included *Diseases and disorders of the circulatory system* in the Northern Territory (4.2% of separations, 2,612, compared with a national average of 8.6%, 330,247) and *Diseases and disorders of the kidney and urinary tract* in the Australian Capital Territory (24.3%, 14,787, compared with 17.4%, 669,229). In the private sector, New South Wales reported fewer separations for *Neoplastic disorders*, 3.8% of separations, 27,730, compared with 6.0%, 140,504, nationally.

Australian Refined Diagnosis Related Groups

Sector

Tables 11.5 to 11.16 present information on the most commonly reported AR-DRGs. Tables 11.5 and 11.6 contain summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the highest number of overnight separations in public and private hospitals.

In the public sector in 2001–02, *Vaginal delivery without complicating diagnosis* (AR-DRG O60D) was the most common overnight AR-DRG with 4.7% (92,964), of total overnight separations (Table 11.5). The corresponding top AR-DRG in the private sector was also *Vaginal delivery without complicating diagnosis* (AR-DRG O60D) with 3.9% (36,319) of total

overnight separations (Table 11.6). Of the 30 AR-DRGs with the most overnight separations for the public sector, only eight were also included in the top 30 for the private sector.

Within the top 30, average lengths of stay in the public sector ranged from 16.3 days for *Schizophrenia disorders without mental health legal status* (AR-DRG U61B) to 1.2 days for *Tonsillectomy or adenoidectomy* (AR-DRG D11Z), and in the private sector from 17.6 days for *Major affective disorders age <70 without catastrophic complication or comorbidity* (AR-DRG U63B) to 1.0 day for *Sleep apnoea* (AR-DRG E63Z).

The highest costs in public hospitals were estimated to be for *Vaginal delivery without complicating diagnosis* (AR-DRG O60D), followed by *Major affective disorders age <70 without catastrophic complication or comorbidity* (AR-DRG U63B). In the private sector, the costliest AR-DRGs in the top 30 were estimated to be *Knee replacement and reattachment without catastrophic complication or comorbidity* (AR-DRG I04B) and *Hip replacement without catastrophic or severe complication or comorbidity* (AR-DRG I03C).

Tables 11.7 and 11.8 contain summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the highest number of same day separations in public and private hospitals. In the public sector in 2001–02, *Admit for renal dialysis* (AR-DRG L61Z) was the most common AR-DRG with 29.0% (539,037) of total same day separations (Table 11.7). The corresponding top AR-DRG in the private sector was *Other colonoscopy, same day* (AR-DRG G44C) with 11.9% (169,366) of total same day separations (Table 11.8). Of the 10 AR-DRGs with the most same day separations for the public sector, eight were also included in the top 10 AR-DRGs for the private sector.

The highest costs in public hospitals were estimated to be for *Admit for renal dialysis* (AR-DRG L61Z), followed by *Chemotherapy* (AR-DRG R63Z). In the private sector, the costliest AR-DRGs in the top 30 were estimated to be for *Major lens procedure* (AR-DRG C08Z) and *Other colonoscopy, same day* (AR-DRG G44C).

Private free-standing day hospital facilities

Table 11.9 contains summary separation, public patient separation and patient day statistics for the 30 AR-DRGs with the most separations in private free-standing day hospital facilities. *Other colonoscopy, same day* (AR-DRG G44C) was the most common AR-DRG, accounting for 17.2% (64,599) of total separations. The proportion of public patient separations was highest for *Admit for renal dialysis* (AR-DRG L61Z, 42.0%).

Public psychiatric hospitals

In public psychiatric hospitals, most of the separations had AR-DRGs reported that were within the mental diseases and disorders, and alcohol/drug use and alcohol/drug induced organic mental disorders MDCs (AR-DRGs beginning with U or V, respectively) (Table 11.10). *Personality disorders and acute reactions* (AR-DRG U67Z) accounted for the most separations (2,458, 14.8%). *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) ranked second for separations (2,424, 14.6%), and accounted for the most patient days (84,302, 27.5%).

The average length of stay was relatively long for most of these AR-DRGs and only 15.0% (2,496) of separations were same day separations, compared with 47.6% in public hospitals overall. The average length of stay for *Personality disorders and acute reactions* (AR-DRG U67Z) was 6.9 days and the average length of stay for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) in public psychiatric hospitals was 34.8 days.

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence the average lengths of stay should be interpreted taking into consideration the inclusion of some very long stay separations. The median lengths of stay were markedly shorter than the average lengths of stay for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) (21 days, compared with the average length of stay of 34.8 days) and *Dementia and other chronic disturbances of cerebral function* (AR-DRG B63Z) (28 days, compared with the average length of stay of 50.7 days).

States and territories

There was some variation between the states and territories in the relative number of separations for the most common AR-DRGs (Tables 11.11 and 11.12). For example, in the public sector in the Northern Territory and the Australian Capital Territory, *Admit for renal dialysis* (AR-DRG L61Z) accounted for a markedly greater proportion of separations than the national average (36.1%, 22,559, and 21.2%, 12,902, respectively, compared with 14.0%, 539,377).

In the private sector, examples of differences include separations in Western Australia for *Other factors influencing health status age <80* (AR-DRG Z64B), which accounted for 2.4% of separations (6,390), compared with the national average of 0.9% (22,276).

The average lengths of stay were mainly similar among the states and territories (Tables 11.13 and 11.14). However, there was some variation. In the public sector, *Other factors influencing health status age <80 without complication or comorbidity* (AR-DRG Z64B) ranged from 1.2 days in Western Australia to 5.1 days in Tasmania, and *Heart failure and shock without catastrophic complication and comorbidity* (AR-DRG F62B) ranged from 4.9 days in Victoria to 7.3 days in Tasmania.

Age group and sex

Tables 11.15 and 11.16 summarise separations by age group and sex for the 30 AR-DRGs with the highest number of separations. Fifteen of the top 30 AR-DRGs were common to both sexes, while some others were more sex-specific (13 of the top 30 AR-DRGs for females were female-specific, for example, *Vaginal delivery without complicating diagnosis* (AR-DRG O60D)). *Admit for renal dialysis* (AR-DRG L61Z) was the most commonly reported AR-DRG for both sexes, with the most separations in the 65 to 74 years age group.

The age distributions varied by AR-DRG. For example, *Dental extraction and restorations* (AR-DRG D40Z) was most commonly reported for males and females in the 15 to 24 years age group. *Knee procedures* (AR-DRG I18Z) was most commonly reported for males in the 35 to 44 years age group and for females in the 45 to 54 years age group, and 85.0% of separations (108,638) for *Major lens procedure* (AR-DRG C08Z) were for persons over the age of 65 years.

Changes 1999–00 to 2001–02

Table 11.17 presents the 30 AR-DRGs with the largest changes in the numbers of separations in either public or private hospitals (or both) between 1999–00 and 2001–02. The AR-DRG with the largest change in the number of separations was *Admit for renal dialysis* (L61Z), with increases of 26,353 separations and 72,727 separations in private and public hospitals respectively over the two-year period.

The AR-DRGs in Table 11.17 either recorded increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors over the two year period.

The number of separations increased over the two-year period, in both the public and private sectors for 20 of the AR-DRGs, with increases generally greater in private hospitals. For example, the number of separations for *Other colonoscopy, same day* (AR-DRG G44C), increased by 33,465 in private hospitals from 135,901 in 1999–00 to 169,366 separations in 2001–02, compared with an increase of 838 separations in public hospitals. Similarly, the number of separations for *Major lens procedures* (AR-DRG C08Z) increased by 17,138 separations in private hospitals between 1999–00 and 2001–02, compared with an increase of 5,677 separations in public hospitals.

There was an increase in the number of separations in the private sector and a decrease in the number of separations in the public sector for 7 of the AR-DRGs presented in Table 11.17. For example, the number of separations for *Chemotherapy* (AR-DRG R63Z) increased by 31,292 in the private sector between 1999–00 and 2000–01 and decreased by 319 in the public sector. For *Vaginal delivery without complicating diagnosis* (AR-DRG O60D), there was an increase of 3,216 separations over the two year period in private hospitals, and a decrease of 14,323 separations in public hospitals.

The number of separations decreased in both public and private hospitals between 1999–00 and 2001–02 for the AR-DRGs *Bronchitis and asthma age <50 without complication or comorbidity* (AR-DRG E69C) and *Other lens procedures* (AR-DRG C09Z).

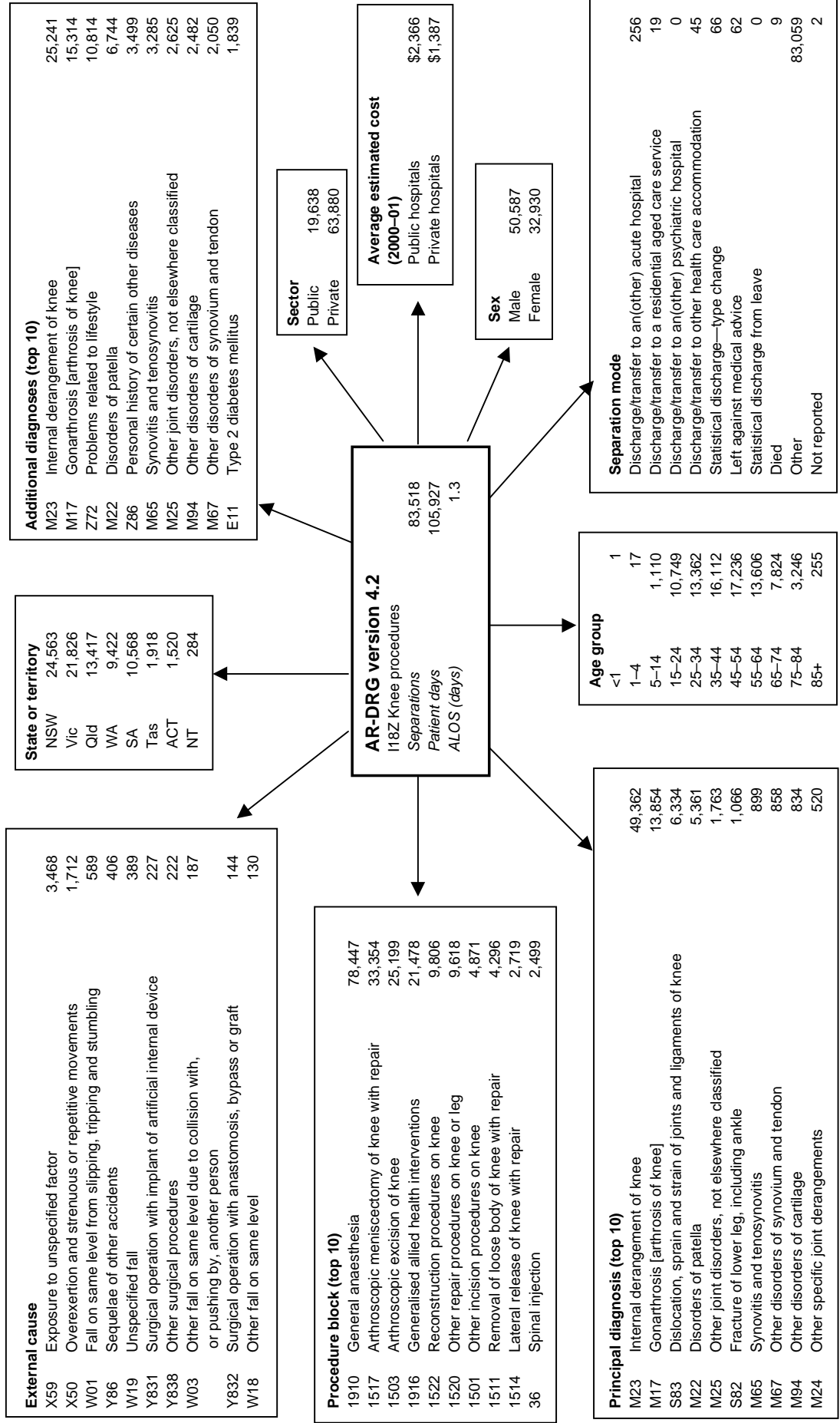
Neonate, admission weight >2499g without significant operating room procedure, without problems (AR-DRG P67D) was the only AR-DRG presented in Table 11.17 for which the number of separations increased in public hospitals and decreased in private hospitals between 1999–00 and 2001–02.

Some of these changes in the private sector may reflect changes in the scope of the National Hospital Morbidity Database, as described in Chapter 2.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/> provide national and state and territory summary statistics for public and private hospitals for each AR-DRG (as presented for the top 30 AR-DRGs in Tables 11.5, 11.6, 11.7, 11.8, 11.9 and 11.10). Updated information will be included on the Internet site once 2001–02 cost weights become available. Information based on the average cost weights of separations is also included in Chapters 2, 4 and 6. For confidentiality, data for some AR-DRGs in the private sector have been suppressed.

For access to more data on AR-DRGs, the Institute's web site also contains an Interactive National Hospital Morbidity Data page which contains a link to data cubes containing information on the MDCs and AR-DRGs of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average length of stay are available on all MDCs and AR-DRGs of patients by age group, sex and same day status. The source of these data is the National Hospital Morbidity Database.



Note: Main abbreviations: ALOS—average length of stay.

Figure 11.1: Interrelationships of an AR-DRG (118Z Knee procedures) with other data elements, all hospitals, Australia, 2001-02

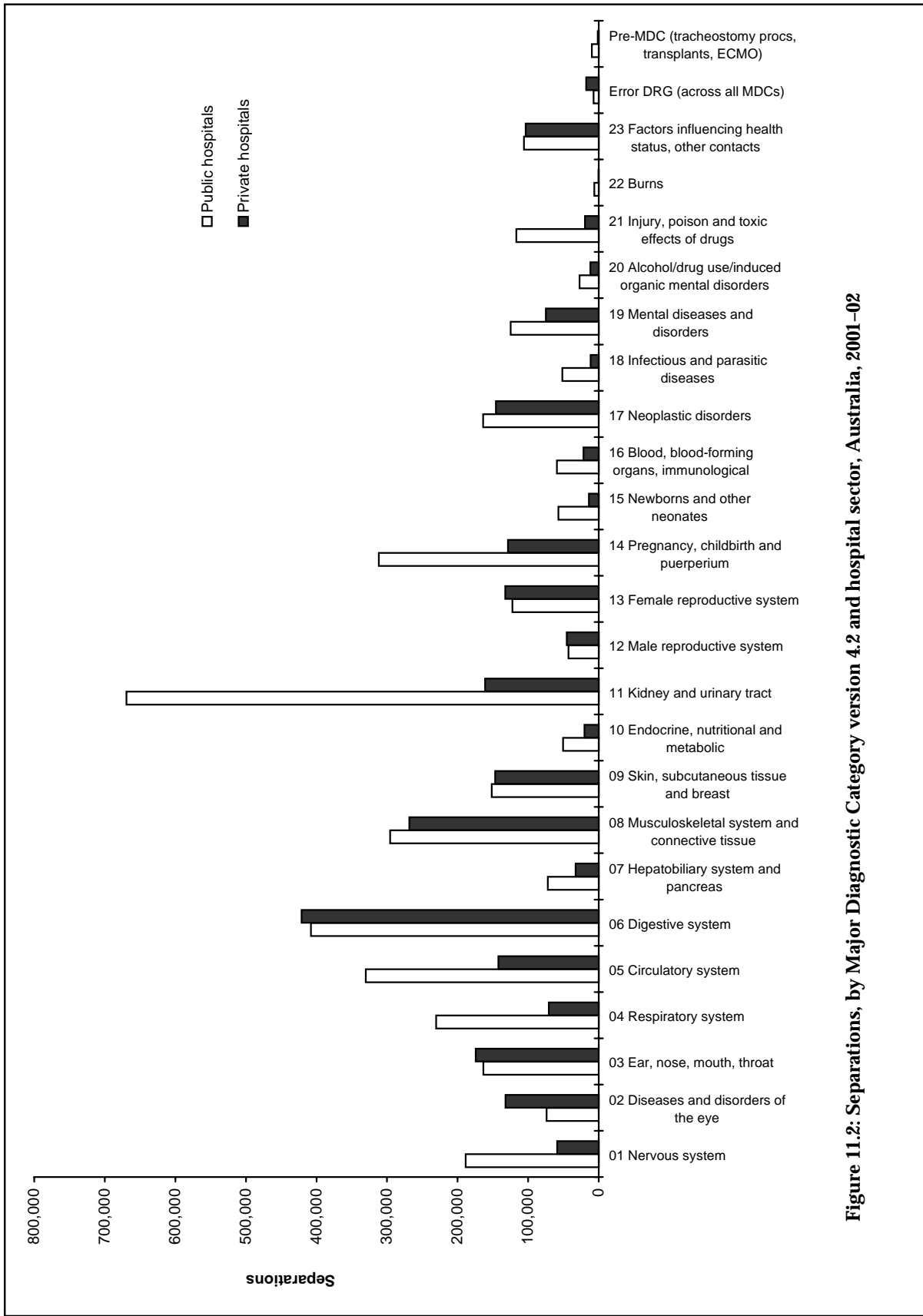


Figure 11.2: Separations, by Major Diagnostic Category version 4.2 and hospital sector, Australia, 2001-02

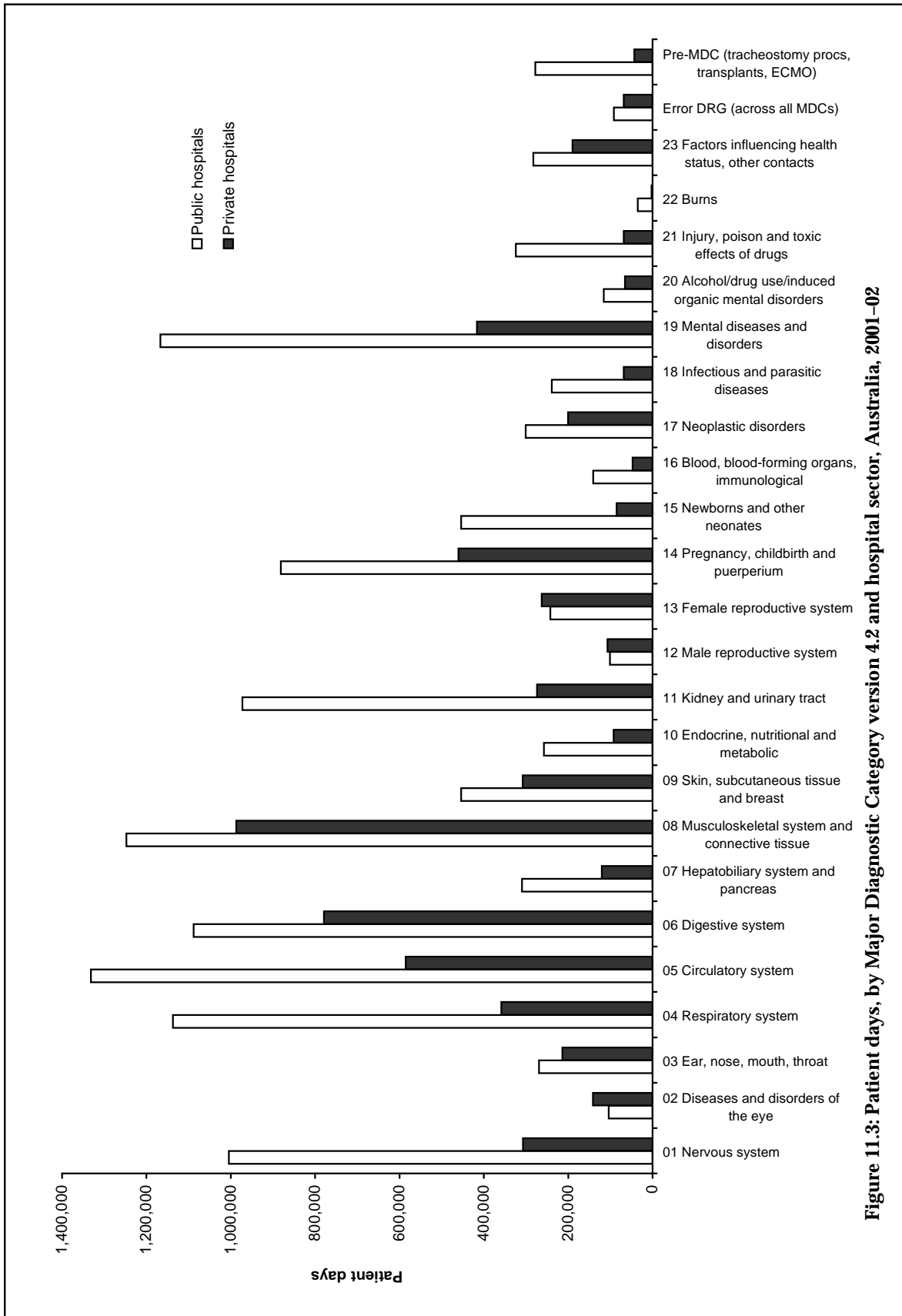


Table 11.1: Selected separation and cost statistics, by Major Diagnostic Category version 4.2 and medical/surgical/other partition, public hospitals,^(a) Australia, 2001–02

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS excluding same day	Cost by volume (\$'000)	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	9,735	382	8,057	5.0	278,206	142.4	28.6	29.7	494,233	1.00
01 Diseases and disorders of the nervous system	188,467	62,721	159,449	96.5	1,004,435	514.3	5.3	7.5	727,077	0.99
02 Diseases and disorders of the eye	74,000	56,849	58,009	37.9	104,005	53.2	1.4	2.7	147,882	1.06
03 Diseases and disorders of the ear, nose, mouth and throat	163,595	77,172	141,087	83.8	269,013	137.7	1.6	2.2	273,582	1.01
04 Diseases and disorders of the respiratory system	230,558	35,554	196,273	118.0	1,137,426	582.4	4.9	5.7	784,822	0.97
05 Diseases and disorders of the circulatory system	330,247	80,583	276,273	169.1	1,331,758	681.9	4.0	5.0	1,265,946	0.99
06 Diseases and disorders of the digestive system	407,700	195,891	354,965	208.7	1,087,947	557.0	2.7	4.2	916,855	1.00
07 Diseases and disorders of the hepatobiliary system and pancreas	72,096	14,131	63,061	36.9	309,399	158.4	4.3	5.1	270,835	1.00
08 Diseases and disorders of the musculoskeletal system and connective tissue	295,463	107,531	244,559	151.3	1,247,687	638.8	4.2	6.1	1,213,815	0.99
09 Diseases and disorders of the skin, subcutaneous tissue and breast	151,626	78,086	131,547	77.6	453,945	232.4	3.0	5.1	348,622	1.02
10 Endocrine, nutritional and metabolic diseases and disorders	50,591	12,526	43,986	25.9	257,538	131.9	5.1	6.4	189,058	0.99
11 Diseases and disorders of the kidney and urinary tract	669,229	594,254	595,584	342.6	972,518	497.9	1.5	5.0	581,904	1.00
12 Diseases and disorders of the male reproductive system	42,858	23,522	36,734	21.9	101,251	51.8	2.4	4.0	95,851	1.02
13 Diseases and disorders of the female reproductive system	122,235	76,440	104,117	62.6	242,402	124.1	2.0	3.6	267,460	1.00
14 Pregnancy, childbirth and puerperium	311,501	76,500	284,661	159.5	881,357	451.2	2.8	3.4	738,685	0.93
15 Newborns and other neonates	57,273	6,665	52,056	29.3	454,000	232.4	7.9	8.8	326,432	1.00
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	59,352	39,065	51,017	30.4	140,566	72.0	2.4	5.0	108,189	1.00
17 Neoplastic disorders (haematological and solid neoplasms)	163,758	144,354	141,699	83.8	300,679	153.9	1.8	8.1	231,710	1.02
18 Infectious and parasitic diseases	51,671	10,525	45,106	26.5	239,006	122.4	4.6	5.6	181,402	1.00
19 Mental diseases and disorders	124,626	33,813	116,923	63.8	1,167,204	597.6	9.4	12.5	563,276	0.94
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	27,086	6,390	25,945	13.9	115,725	59.3	4.3	5.3	52,487	0.85
21 Injuries, poisoning and toxic effects of drugs	116,943	45,788	98,670	59.9	324,151	166.0	2.8	3.9	306,057	0.99
22 Burns	6,247	1,778	5,372	3.2	34,756	17.8	5.6	7.4	36,004	1.02
23 Factors influencing health status and other contacts with health services	106,039	75,843	92,397	54.3	282,907	144.8	2.7	6.9	163,257	1.04
ED Error DRGs	7,313	1,893	6,010	3.7	91,699	46.9	12.5	16.6	53,552	1.23
Surgical DRG	797,465	308,103	671,087	408.3	3,359,310	1,719.9	4.2	6.2	4,166,448	1.02
Medical DRG	2,728,067	1,300,579	2,392,781	1,396.8	8,915,526	4,564.7	3.3	5.3	5,650,360	0.96
Other DRG	314,677	249,574	269,689	161.1	554,744	284.0	1.8	4.7	522,185	1.06
Total	3,840,209	1,858,256	3,333,557	1,966.2	12,829,580	6,568.7	3.3	5.6	10,338,994	0.98

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported.
 Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation

Table 11.2: Selected separation and cost statistics, by Major Diagnostic Category version 4.2 and medical/surgical/other partition, private hospitals,^(a) Australia, 2001–02

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day	Cost by volume (\$'000)	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,462	48	60	0.7	43,465	22.3	29.7	30.7	79,976	0.99
01 Diseases and disorders of the nervous system	59,073	23,662	2,984	30.2	307,183	157.3	5.2	8.0	221,963	1.05
02 Diseases and disorders of the eye	132,104	111,836	2,811	67.6	141,222	72.3	1.1	1.4	266,425	0.96
03 Diseases and disorders of the ear, nose, mouth and throat	174,387	114,127	3,177	89.3	213,969	109.6	1.2	1.7	288,047	0.99
04 Diseases and disorders of the respiratory system	70,846	5,840	4,022	36.3	358,884	183.7	5.1	5.4	209,179	1.12
05 Diseases and disorders of the circulatory system	142,090	32,156	5,278	72.7	585,155	299.6	4.1	5.0	657,851	1.02
06 Diseases and disorders of the digestive system	421,008	316,600	11,034	215.6	779,031	398.9	1.9	4.4	701,500	1.01
07 Diseases and disorders of the hepatobiliary system and pancreas	32,654	3,273	1,710	16.7	120,481	61.7	3.7	4.0	123,742	0.99
08 Diseases and disorders of the musculoskeletal system and connective tissue	268,290	107,538	7,519	137.4	986,783	505.2	3.7	5.5	1,199,992	1.02
09 Diseases and disorders of the skin, subcutaneous tissue and breast	146,766	99,213	3,641	75.1	307,981	157.7	2.1	4.4	331,420	0.98
10 Endocrine, nutritional and metabolic diseases and disorders	20,375	4,995	666	10.4	92,069	47.1	4.5	5.7	87,544	1.03
11 Diseases and disorders of the kidney and urinary tract	160,959	127,303	29,822	82.4	273,666	140.1	1.7	4.3	205,658	1.01
12 Diseases and disorders of the male reproductive system	45,187	25,597	1,357	23.1	106,937	54.8	2.4	4.2	110,367	0.98
13 Diseases and disorders of the female reproductive system	132,437	88,252	4,081	67.8	263,021	134.7	2.0	4.0	308,687	1.00
14 Pregnancy, childbirth and puerperium	128,514	41,793	6,385	65.8	459,999	235.5	3.6	4.8	315,270	1.17
15 Newborns and other neonates	13,994	1,685	585	7.2	85,061	43.6	6.1	6.8	51,190	1.02
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	21,571	14,659	1,097	11.0	47,249	24.2	2.2	4.7	35,041	1.00
17 Neoplastic disorders (haematological and solid neoplasms)	145,610	135,312	7,254	74.6	200,380	102.6	1.4	6.3	146,644	0.95
18 Infectious and parasitic diseases	11,602	1,376	806	5.9	68,496	35.1	5.9	6.6	45,981	1.02
19 Mental diseases and disorders	74,913	52,471	1,223	38.4	416,212	213.1	5.6	16.2	151,914	1.25
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	11,951	7,689	348	6.1	65,190	33.4	5.5	13.5	16,695	1.47
21 Injuries, poisoning and toxic effects of drugs	19,349	6,177	1,625	9.9	68,520	35.1	3.5	4.7	56,681	1.06
22 Burns	403	97	35	0.2	2,127	1.1	5.3	6.6	2,319	0.78
23 Factors influencing health status and other contacts with health services	103,357	89,199	2,694	52.9	189,973	97.3	1.8	7.1	131,960	0.95
ED Error DRGs	17,888	9,541	293	9.2	68,371	35.0	3.8	7.0	77,739	0.74
Surgical DRG	959,603	471,688	22,745	491.3	2,615,702	1,339.2	2.7	4.4	3,584,725	0.98
Medical DRG	848,025	449,224	68,128	434.2	2,989,562	1,530.6	3.5	6.4	1,583,621	1.13
Other DRG	549,162	499,527	9,634	281.2	646,161	330.8	1.2	3.0	655,441	0.94
Total	2,356,790	1,420,439	100,507	1,206.7	6,251,425	3,200.7	2.7	5.2	5,823,787	1.04

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported.

Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation

Table 11.3: Separations, by Major Diagnostic Category version 4.2 and medical/surgical/other partition, public hospitals, ^(a) states and territories, 2001–02

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	3,243	2,701	1,605	796	874	188	177	151	9,735
01 Diseases and disorders of the nervous system	64,736	51,647	31,307	16,352	16,514	4,057	2,161	1,693	188,467
02 Diseases and disorders of the eye	24,363	21,154	10,349	7,448	8,542	492	899	753	74,000
03 Diseases and disorders of the ear, nose, mouth and throat	47,574	46,294	31,708	15,162	16,171	2,800	1,942	1,944	163,595
04 Diseases and disorders of the respiratory system	84,153	55,771	38,369	19,268	22,291	4,347	2,492	3,867	230,558
05 Diseases and disorders of the circulatory system	118,289	85,494	58,701	24,217	29,138	6,823	4,973	2,612	330,247
06 Diseases and disorders of the digestive system	141,321	105,389	69,799	37,763	36,563	6,603	6,126	4,136	407,700
07 Diseases and disorders of the hepatobiliary system and	25,853	18,690	12,557	5,529	6,056	1,497	1,117	797	72,096
08 Diseases and disorders of the musculoskeletal system and									
connective tissue	100,312	77,317	50,865	26,056	25,269	7,399	4,722	3,523	295,463
09 Diseases and disorders of the skin, subcutaneous tissue and									
breast	46,344	36,056	30,247	13,726	18,233	3,122	1,397	2,501	151,626
10 Endocrine, nutritional and metabolic diseases and disorders	15,223	14,022	8,957	4,182	5,204	1,411	737	855	50,591
11 Diseases and disorders of the kidney and urinary tract	194,632	204,421	98,987	66,718	50,926	14,872	14,787	23,886	669,229
12 Diseases and disorders of the male reproductive system	14,431	12,848	5,683	3,998	4,226	734	477	461	42,858
13 Diseases and disorders of the female reproductive system	36,997	36,114	21,629	10,583	12,045	2,092	1,485	1,290	122,235
14 Pregnancy, childbirth and puerperium	103,847	78,775	56,989	24,873	30,315	5,880	4,137	6,685	311,501
15 Newborns and other neonates	22,590	14,979	8,585	3,115	4,369	1,672	856	1,107	57,273
16 Diseases and disorders of the blood and blood-forming organs,									
and immunological disorders	16,033	18,569	9,381	5,607	6,461	1,165	1,701	435	59,352
17 Neoplastic disorders (haematological and solid neoplasms)	18,103	59,758	36,552	19,460	19,876	3,247	5,890	872	163,758
18 Infectious and parasitic diseases	18,763	12,483	9,618	4,570	3,598	1,144	569	926	51,671
19 Mental diseases and disorders	40,725	33,125	22,059	11,031	12,077	3,645	1,288	676	124,626
20 Alcohol/drug use and alcohol/drug induced organic mental									
disorders	11,257	4,635	5,255	3,200	1,895	428	147	269	27,086
21 Injuries, poisoning and toxic effects of drugs	37,920	30,341	25,672	9,709	8,123	2,097	1,135	1,946	116,943
22 Burns	1,973	1,172	1,442	736	535	144	52	193	6,247
23 Factors influencing health status and other contacts with health									
services	29,503	30,043	20,113	10,484	11,679	1,980	1,468	769	106,039
ED Error DRGs	2,950	1,773	843	796	524	139	80	208	7,313
Surgical DRG	249,459	225,801	135,272	73,984	77,323	14,588	12,807	8,231	797,465
Medical DRG	877,948	740,326	481,226	238,503	239,266	57,842	42,007	50,949	2,728,067
Other DRG	93,728	87,444	50,774	32,892	34,915	5,548	6,001	3,375	314,677
Total	1,221,135	1,053,571	667,272	345,379	351,504	77,978	60,815	62,555	3,840,209

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation

Table 11.4: Separations, by Major Diagnostic Category version 4.2 and medical/surgical/other partition, private hospitals, ^(a) states and territories, 2001–02

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	319	301	481	110	187	n.p.	n.p.	..	1,398
01 Diseases and disorders of the nervous system	14,273	14,347	15,396	6,815	5,395	2,196	651	..	59,073
02 Diseases and disorders of the eye	46,527	26,204	31,542	11,879	9,947	4,743	1,262	..	132,104
03 Diseases and disorders of the ear, nose, mouth and throat	50,511	40,358	36,138	23,575	17,352	4,309	2,144	..	174,387
04 Diseases and disorders of the respiratory system	17,861	16,863	19,080	6,550	7,064	2,923	505	..	70,846
05 Diseases and disorders of the circulatory system	37,279	38,463	34,482	13,438	12,244	4,586	1,598	..	142,090
06 Diseases and disorders of the digestive system	123,296	104,991	110,017	40,718	29,551	10,382	2,053	..	421,008
07 Diseases and disorders of the hepatobiliary system and connective tissue	9,181	7,306	7,848	3,697	2,997	1,011	614	..	32,654
08 Diseases and disorders of the musculoskeletal system and connective tissue	77,393	65,201	49,802	35,658	27,643	8,714	3,879	..	268,290
09 Diseases and disorders of the skin, subcutaneous tissue and breast	42,757	29,979	37,543	13,800	15,142	5,044	2,501	..	146,766
10 Endocrine, nutritional and metabolic diseases and disorders	4,497	4,922	5,539	2,354	2,151	712	200	..	20,375
11 Diseases and disorders of the kidney and urinary tract	38,295	28,648	46,884	25,207	18,184	2,468	1,273	..	160,959
12 Diseases and disorders of the male reproductive system	15,713	10,831	8,256	4,752	3,336	n.p.	n.p.	..	42,888
13 Diseases and disorders of the female reproductive system	43,188	28,690	30,570	13,609	9,315	n.p.	n.p.	..	125,372
14 Pregnancy, childbirth and puerperium	42,024	28,954	27,880	16,716	6,735	n.p.	n.p.	..	122,309
15 Newborns and other neonates	4,267	3,029	2,439	2,431	772	n.p.	n.p.	..	12,938
16 Diseases and disorders of the blood and blood-forming organs, neoplastic disorders (haematological and solid neoplasms)	4,659	5,790	6,302	2,286	1,589	730	215	..	21,571
17 Neoplastic disorders (haematological and solid neoplasms)	27,730	38,105	45,054	16,510	13,105	n.p.	n.p.	..	140,504
18 Infectious and parasitic diseases	2,549	2,402	3,619	1,547	995	411	79	..	11,602
19 Mental diseases and disorders	16,669	26,742	21,884	3,405	2,655	n.p.	n.p.	..	71,355
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	2,629	3,773	3,871	771	351	n.p.	n.p.	..	11,395
21 Injuries, poisoning and toxic effects of drugs	4,080	4,318	5,138	3,028	1,756	800	229	..	19,349
22 Burns	80	86	117	59	45	n.p.	n.p.	..	387
23 Factors influencing health status and other contacts with health services	31,465	26,417	22,072	11,824	6,680	4,349	550	..	103,357
ED Error DRGs	1,957	12,911	1,020	651	577	720	52	..	17,888
Surgical DRG	302,005	214,804	207,322	102,956	88,363	28,662	15,491	..	959,603
Medical DRG	185,498	215,278	231,887	104,951	72,166	29,391	8,854	..	848,025
Other DRG	171,696	139,549	133,765	53,483	35,239	12,596	2,834	..	549,162
Total	659,199	569,631	572,974	261,390	195,768	70,649	27,179	..	2,356,790

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation. .. not available.

Table 11.5: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of overnight separations, public hospitals, Australia, 2001–02

AR-DRG	Separations	Public patient separations	Separations per 10,000 population	Patient days	ALOS (days)	Cost by volume (\$'000)
O60D Vaginal Delivery W/O Complicating Diagnosis	92,964	85,426	47.6	271,101	2.9	231,573
F74Z Chest Pain	34,399	29,757	17.6	68,820	2.0	45,338
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	31,666	27,185	16.2	80,955	2.6	39,614
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	25,461	22,698	13.0	110,028	4.3	60,419
O01D Caesarean Delivery W/O Complicating Diagnosis	23,560	20,756	12.1	108,541	4.6	109,201
E69C Bronchitis and Asthma Age<50 W/O CC	23,030	21,231	11.8	45,314	2.0	33,186
E62C Respiratory Infectn/Inflammations W/O CC	22,922	19,688	11.7	89,410	3.9	54,233
F62B Heart Failure and Shock W/O Catastrophic CC	21,596	17,251	11.1	131,325	6.1	72,455
F72B Unstable Angina W/O Catastrophic or Severe CC	21,231	17,536	10.9	65,138	3.1	47,621
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	20,584	18,321	10.5	39,610	1.9	21,243
E65B Chronic Obstructive Airway Disease W/O Catastrophic or Severe CC	19,794	16,594	10.1	110,862	5.6	56,888
E65A Chronic Obstructive Airway Disease W Catastrophic or Severe CC	19,263	15,817	9.9	166,127	8.6	95,776
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	19,103	17,585	9.8	64,485	3.4	28,712
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	19,006	17,633	9.7	42,003	2.2	19,196
O60B Vaginal Delivery W Severe Complicating Diagnosis	18,472	17,029	9.5	70,891	3.8	60,570
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	18,451	16,847	9.4	42,247	2.3	59,191
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	17,860	17,243	9.1	232,543	13.0	114,536
D63B Otitis Media and Uri W/O Cc	17,707	16,056	9.1	35,333	2.0	22,045
U67Z Personality Disorders and Acute Reactions	17,248	16,690	8.8	91,424	5.3	62,145
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	16,793	13,547	8.6	49,692	3.0	28,095
E62B Respiratory Infectn/Inflammations W Severe or Moderate CC	16,594	13,720	8.5	112,892	6.8	68,152
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	15,072	14,342	7.7	24,138	1.6	15,886
G07B Appendicectomy W/O Catastrophic or Severe CC	15,004	12,923	7.7	44,003	2.9	47,113
D11Z Tonsillectomy or Adenoidectomy	14,840	12,721	7.6	17,784	1.2	23,314
G68B Gastroenteritis Age<10 W/O CC	14,614	13,217	7.5	25,970	1.8	20,620
X60C Injuries Age < 65	13,922	11,184	7.1	26,582	1.9	14,173
N04Z Hysterectomy for Non-Malignancy	13,778	11,866	7.1	58,342	4.2	64,150
T63B Viral Illness Age<60	13,384	12,015	6.9	27,834	2.1	19,728
U61B Schizophrenia Disorders W/O Mental Health Legal Status	13,254	13,066	6.8	215,994	16.3	85,144
L63C Kidney and Urinary Tract Infections Age < 70	13,047	11,828	6.7	44,188	3.4	27,464
Other	1,337,334	1,127,785	684.7	8,457,753	6.3	6,455,643
Total	1,981,953	1,699,557	1,014.7	10,971,329	5.5	8,103,422

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.

2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au> for Australia and each state and territory.

Table 11.6: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of overnight separations, private hospitals, (a)
Australia, 2001-02

AR-DRG	Separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	Cost by volume (\$'000)
O60D Vaginal Delivery W/O Complicating Diagnosis	36,319	2,062	18.6	163,063	83.5	4.5	90,471
E63Z Sleep Apnoea	21,933	295	11.2	22,442	11.5	1.0	24,258
I18Z Knee Procedures	19,160	314	9.8	33,587	17.2	1.8	45,333
I16Z Other Shoulder Procedures	18,873	278	9.7	37,165	19.0	2.0	62,338
G09Z Inguinal and Femoral Hernia Procedures Age>0	18,530	530	9.5	32,377	16.6	1.7	40,581
O01D Caesarean Delivery W/O Complicating Diagnosis	17,856	608	9.1	105,570	54.1	5.9	82,763
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	17,803	847	9.1	40,678	20.8	2.3	57,112
N04Z Hysterectomy for Non-Malignancy	17,294	685	8.9	82,996	42.5	4.8	80,521
D11Z Tonsillectomy or Adenoidectomy	16,341	325	8.4	18,108	9.3	1.1	25,672
I04B Knee Replacement and Reattachment W/O Catastrophic CC	14,207	413	7.3	122,643	62.8	8.6	184,492
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	13,167	10	6.7	25,914	13.3	2.0	29,455
C08Z Major Lens Procedures	12,298	171	6.3	14,170	7.3	1.2	24,215
N06Z Female Reproductive System Reconstructive Procedures	10,124	378	5.2	39,229	20.1	3.9	37,115
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC	9,706	261	5.0	35,343	18.1	3.6	34,408
I03C Hip Replacement W/O Catastrophic or Severe CC	9,662	303	4.9	87,271	44.7	9.0	120,746
F20Z Vein Ligation and Stripping	9,643	230	4.9	15,939	8.2	1.7	20,925
D06Z Sinus, Mastoid and Complex Middle Ear Procedures	9,633	165	4.9	12,473	6.4	1.3	26,500
I10B Other Back and Neck Procedures W/O Catastrophic or Severe CC	9,202	103	4.7	52,517	26.9	5.7	50,924
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	8,618	621	4.4	31,666	16.2	3.7	10,781
G08Z Abdominal, Umbilical and Other Hernia Procedures Age>0	8,368	281	4.3	23,143	11.8	2.8	23,129
I20Z Foot Procedures	8,337	187	4.3	19,834	10.2	2.4	26,178
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	8,213	258	4.2	144,445	74.0	17.6	52,670
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	8,176	350	4.2	18,929	9.7	2.3	12,894
D10Z Rhinoplasty (W or W/O Turbinectomy)	7,484	151	3.8	9,513	4.9	1.3	15,574
F15Z Percutaneous Coronary Angioplasty W/O AMI W Stent Implantation	7,398	1	3.8	21,585	11.1	2.9	38,455
F74Z Chest Pain	7,088	565	3.6	17,986	9.2	2.5	9,342
J06B Major Procedures for Non-Malignant Breast Conditions	6,894	86	3.5	14,139	7.2	2.1	22,337
F62B Heart Failure and Shock W/O Catastrophic CC	6,600	381	3.4	52,777	27.0	8.0	22,143
G44B Other Colonoscopy W/O Catastrophic or Severe CC or Complicating Procedure	6,350	182	3.3	18,730	9.6	2.9	17,659
I13C Humerus, Tibia, Fibula and Ankle Procedures Age<60 W/O Catastr or Severe CC	5,933	181	3.0	17,511	9.0	3.0	29,641
Other	936,351	38,631	479.4	4,830,986	2,473.4	5.2	3,902,211
Total	936,351	38,631	479.4	4,830,986	2,473.4	5.2	3,902,211

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.

2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au> for Australia and each state and territory.

Table 11.7: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of same day separations, public hospitals, (a) Australia, 2001–02

AR-DRG	Separations	Public patient separations	Separations per 10,000 population	Cost by volume (\$'000)
L61Z Admit for Renal Dialysis	539,037	481,832	276.0	231,786
R63Z Chemotherapy	116,092	102,474	59.4	71,164
G44C Other Colonoscopy, Sameday	61,965	54,171	31.7	55,211
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	51,156	44,973	26.2	46,092
C08Z Major Lens Procedures	35,352	28,208	18.1	69,608
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	32,713	28,845	16.7	45,864
Z40Z Follow Up After Completed Treatment W Endoscopy	30,431	26,917	15.6	24,010
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	26,579	22,563	13.6	30,858
U60Z Mental Health Treatment, Sameday, W/O ECT	25,226	21,930	12.9	11,579
Z64B Other Factors Influencing Health Status Age<80	24,056	21,270	12.3	32,307
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	22,938	20,539	11.7	24,957
D40Z Dental Extraction and Restorations	22,624	17,438	11.6	29,434
R61C Lymphoma and Non-Acute Leukaemia, Sameday	20,860	17,474	10.7	13,225
F74Z Chest Pain	20,651	19,065	10.6	27,218
X60C Injuries Age < 65	18,966	16,084	9.7	19,307
N09Z Conisation, Vagina, Cervix and Vulva Procedures	18,778	16,631	9.6	24,318
N10Z Diagnostic Curettage or Diagnostic Hysterotomy	17,471	15,045	8.9	20,703
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	17,324	16,508	8.9	17,497
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	17,171	15,915	8.8	21,481
L41Z Cystourethroscopy W/O CC	15,273	13,675	7.8	19,626
N08Z Endoscopic Procedures for Female Reproductive System	14,684	13,119	7.5	23,450
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	14,261	9,646	7.3	27,952
I18Z Knee Procedures	13,844	12,165	7.1	32,755
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	13,823	13,028	7.1	14,265
Z62Z Follow Up After Completed Treatment W/O Endoscopy	12,446	11,287	6.4	8,650
L67C Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	12,114	10,678	6.2	18,462
I74C Injury to Forearm, Wrist, Hand or Foot Age<75 W/O CC	11,501	10,131	5.9	13,847
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	10,477	10,030	5.4	11,043
I26Z Other Wrist and Hand Procedures	10,184	8,768	5.2	23,902
O65A Other Antenatal Admission W Severe Complicating Diagnosis	10,084	9,489	5.2	12,615
Other	600,175	524,102	307.3	1,212,387
Total	1,858,256	1,634,000	951.4	2,235,572

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.

2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au> for Australia and each state and territory

Table 11.8: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of same day separations, private hospitals, ^(a) Australia, 2001–02

AR-DRG	Separations	Public patient separations	Separations per 10,000 population	Cost by volume (\$'000)
G44C Other Colonoscopy, Sameday	169,366	2,760	86.7	150,905
R63Z Chemotherapy	121,666	6,598	62.3	74,581
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	101,092	1,741	51.8	91,084
L61Z Admit for Renal Dialysis	88,796	26,809	45.5	38,182
C08Z Major Lens Procedures	76,953	1,946	39.4	151,520
D40Z Dental Extraction and Restorations	69,139	308	35.4	89,950
Z40Z Follow Up After Completed Treatment W Endoscopy	59,917	1,086	30.7	47,275
U60Z Mental Health Treatment, Sameday, W/O ECT	50,352	124	25.8	23,112
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	45,255	1,050	23.2	63,448
I18Z Knee Procedures	44,397	621	22.7	105,043
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	34,024	572	17.4	39,502
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	29,520	411	15.1	57,859
Z64B Other Factors Influencing Health Status Age<80	19,544	847	10.0	26,248
L41Z Cystourethroscopy W/O CC	18,872	616	9.7	24,251
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	18,150	618	9.3	21,508
G42B Other Gastroscopy for Major Digestive Disease, Sameday	16,610	274	8.5	16,427
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	15,107	226	7.7	37,314
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	14,158	163	7.2	27,325
I68C Non-surgical Neck & Back Conditions W Pain Management Proc/Myelogram	12,996	994	6.7	18,181
N11B Other Female Reproductive System O.R. Procs Age<65 W/O Malignancy W/O CC	12,994	67	6.7	23,480
B05Z Carpal Tunnel Release	12,912	366	6.6	16,489
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	12,895	356	6.6	28,846
N09Z Conisation, Vagina, Cervix and Vulva Procedures	12,621	574	6.5	16,344
D13Z Myringotomy W Tube Insertion	12,087	199	6.2	10,987
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	12,045	321	6.2	18,995
I26Z Other Wrist and Hand Procedures	11,692	258	6.0	27,441
R61C Lymphoma and Non-Acute Leukaemia, Sameday	10,239	335	5.2	6,492
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	10,206	408	5.2	11,104
N08Z Endoscopic Procedures for Female Reproductive System	10,017	482	5.1	15,997
M63Z Sterilisation, Male	8,838	202	4.5	8,591
Other	287,979	10,544	147.4	633,096
Total	1,420,439	61,876	727.3	1,921,576

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.
2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au> for Australia and each state and territory

Table 11.9: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of separations, private free-standing day hospitals, (a) Australia, (b) 2001–02

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	Cost by volume (\$'000)
G44C Other Colonoscopy, Sameday	64,599	64,599	79	33.1	64,599	33.1	1.0	44,767
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	42,009	42,009	103	21.5	42,009	21.5	1.0	26,802
C08Z Major Lens Procedures	37,702	37,702	85	19.3	37,702	19.3	1.0	56,817
R63Z Chemotherapy	25,005	25,005	380	12.8	25,005	12.8	1.0	13,903
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	22,019	22,019	9	11.3	22,019	11.3	1.0	18,760
Z40Z Follow Up After Completed Treatment W Endoscopy	16,901	16,901	10	8.7	16,901	8.7	1.0	11,087
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	16,383	16,380	25	8.4	16,390	8.4	1.0	16,662
L61Z Admit for Renal Dialysis	15,281	15,281	6,414	7.8	15,281	7.8	1.0	4,707
D40Z Dental Extraction and Restorations	13,768	13,762	12	7.0	13,768	7.0	1.0	11,455
G42B Other Gastroscopy for Major Digestive Disease, Sameday	7,027	7,027	2	3.6	7,027	3.6	1.0	4,715
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe C	6,905	6,904	126	3.5	6,905	3.5	1.0	10,288
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	6,236	6,229	8	3.2	6,236	3.2	1.0	7,234
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,655	5,633	32	2.9	5,655	2.9	1.0	8,239
N11B Other Female Reproductive System O.R. Procs Age<65 W/O Malignancy W/O	4,913	4,912	0	2.5	4,913	2.5	1.0	6,264
I18Z Knee Procedures	4,080	4,039	0	2.1	4,080	2.1	1.0	5,659
C11Z Eyelid Procedures	3,746	3,743	7	1.9	3,746	1.9	1.0	4,922
R61C Lymphoma and Non-Acute Leukaemia, Sameday	3,613	3,613	77	1.8	3,613	1.8	1.0	1,550
E63Z Sleep Apnoea	3,395	55	0	1.7	3,395	1.7	1.0	2,373
C14Z Other Eye Procedures	3,145	3,145	2	1.6	3,145	1.6	1.0	3,287
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	3,002	3,002	27	1.5	3,002	1.5	1.0	2,762
C09Z Other Lens Procedures	2,662	2,662	2	1.4	2,662	1.4	1.0	4,288
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,633	2,632	0	1.3	2,633	1.3	1.0	3,115
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex D	2,569	2,569	201	1.3	2,569	1.3	1.0	5,295
C12Z Other Corneal, Scleral and Conjunctival Procedures	2,441	2,441	0	1.2	2,441	1.2	1.0	2,727
Z64B Other Factors Influencing Health Status Age<80	2,005	2,005	1	1.0	2,005	1.0	1.0	2,651
C04Z Major Corneal, Scleral and Conjunctival Procedures	1,924	1,924	0	1.0	1,924	1.0	1.0	4,367
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	1,818	1,818	3	0.9	1,818	0.9	1.0	1,525
N09Z Conisation, Vagina, Cervix and Vulva Procedures	1,761	1,761	12	0.9	1,761	0.9	1.0	1,622
J06B Major Procedures for Non-Malignant Breast Conditions	1,724	1,724	1	0.9	1,724	0.9	1.0	3,665
B05Z Carpal Tunnel Release	1,640	1,640	5	0.8	1,640	0.8	1.0	1,635
Other	48,770	48,353	299	25.0	48,904	25.0	1.0	88,870
Total	375,331	371,489	7,922	192.2	375,472	192.2	1.0	382,013

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Excludes separations from private free-standing day hospitals in Tasmania.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.10: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of separations, public psychiatric hospitals, (a) Australia, 2001–02

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	Cost by volume (\$'000)
U67Z Personality Disorders and Acute Reactions	2,458	0	2,443	1.3	16,888	8.6	6.9	8,856
U61A Schizophrenia Disorders W Mental Health Legal Status	2,424	0	2,392	1.2	84,302	43.2	34.8	26,220
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	2,206	0	2,188	1.1	41,096	21.0	18.6	14,147
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2,009	0	2,008	1.0	62,204	31.8	31.0	12,906
U60Z Mental Health Treatment, Sameday, W/O ECT	2,002	2,002	1,999	1.0	2,002	1.0	1.0	919
Z64B Other Factors Influencing Health Status Age<80	613	328	612	0.3	2,080	1.1	3.4	823
V61B Drug Intoxication and Withdrawal W/O CC	584	16	580	0.3	5,722	2.9	9.8	1,441
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	563	0	548	0.3	9,915	5.1	17.6	4,463
V60Z Alcohol Intoxication and Withdrawal	455	50	453	0.2	3,467	1.8	7.6	607
V62A Alcohol Use Disorder and Dependence	439	0	436	0.2	4,926	2.5	11.2	1,263
U64Z Other Affective and Somatoform Disorders	420	0	412	0.2	4,227	2.2	10.1	1,400
V64Z Other Drug Use Disorder and Dependence	371	20	368	0.2	2,494	1.3	6.7	711
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	319	0	307	0.2	11,947	6.1	37.5	3,352
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	316	0	316	0.2	4,729	2.4	15.0	1,377
V63Z Opioid Use Disorder and Dependence	316	22	316	0.2	1,465	0.8	4.6	480
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	295	6	284	0.2	14,942	7.7	50.7	2,215
V61A Drug Intoxication and Withdrawal W CC	147	3	145	0.1	2,047	1.0	13.9	541
U65Z Anxiety Disorders	105	0	105	0.1	1,236	0.6	11.8	295
U66Z Eating and Obsessive-Compulsive Disorders	78	0	78	0.0	1,716	0.9	22.0	935
B64Z Delirium	70	1	66	0.0	1,416	0.7	20.2	327
O61Z Postpartum and Post Abortion W/O O.R. Procedure	62	1	62	0.0	1,028	0.5	16.6	87
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	52	1	52	0.0	1,159	0.6	22.3	123
U68Z Childhood Mental Disorders	51	0	51	0.0	740	0.4	14.5	269
V62B Alcohol Use Disorder and Dependence, Sameday	18	18	16	0.0	18	0.0	1.0	9
U40Z Mental Health Treatment, Sameday, W ECT	17	17	17	0.0	17	0.0	1.0	10
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	13	0	12	0.0	212	0.1	16.3	43
B67A Degenerative Nervous System Disorders W Catastrophic or Severe CC	8	0	7	0.0	586	0.3	73.3	84
Z61Z Signs and Symptoms	7	0	7	0.0	126	0.1	18.0	16
B76B Seizure Age>2 or W/O Catastrophic or Severe CC	5	0	5	0.0	119	0.1	23.8	8
B81A Other disorder of Nervous System W Catastrophic or Severe CC	4	0	4	0.0	26	0.0	6.5	26
Other	169	11	168	0.1	23,396	12.0	138.4	486
Total	16,596	2,496	16,457	8.5	306,248	156.8	18.5	84,439

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.
 Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.11: Separations for the 30 AR-DRGs version 4.2 with the highest number of separations, ^(a) public hospitals, states and territories, 2001–02

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	150,275	169,597	76,348	55,657	39,599	12,440	12,902	22,559	539,377
R63Z Chemotherapy	5,512	43,522	28,039	15,810	15,516	2,180	4,956	775	116,310
O60D Vaginal Delivery W/O Complicating Diagnosis	35,137	22,915	19,395	7,841	6,457	1,923	1,651	1,469	96,788
G44C Other Colonoscopy, Sameday	21,171	14,559	9,558	8,498	5,795	633	1,323	428	61,965
F74Z Chest Pain	20,623	14,971	10,222	3,008	4,498	741	370	617	55,050
G45B Other Gastrosopy for Non-Major Digestive Disease, Sameday	13,963	14,989	9,452	5,530	5,152	547	1,029	494	51,156
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	18,528	11,942	8,687	3,716	4,448	888	299	329	48,837
C08Z Major Lens Procedures	12,997	11,481	4,641	4,098	4,368	111	635	297	38,628
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	9,077	9,211	8,716	3,448	5,104	665	299	199	36,719
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	11,566	9,401	7,272	2,418	3,452	794	338	1,089	36,330
Z64B Other Factors Influencing Health Status Age<80	7,319	11,918	7,367	3,619	3,353	857	501	315	35,249
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	12,565	10,496	5,697	2,223	2,242	595	334	255	34,407
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	8,370	10,174	3,500	2,614	6,653	546	290	1,215	33,362
X60C Injuries Age < 65	10,712	7,978	9,260	2,099	1,379	380	156	924	32,888
Z40Z Follow Up After Completed Treatment W Endoscopy	10,054	7,161	5,915	2,913	3,988	468	650	154	31,303
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	7,259	10,985	4,176	2,389	3,024	600	1,138	193	29,764
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	9,796	6,265	6,443	2,803	1,902	448	299	1,294	29,250
E69C Bronchitis and Asthma Age<50 W/O CC	10,976	6,440	4,458	2,752	3,388	404	273	317	29,008
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	9,767	6,461	4,530	1,998	1,778	707	404	195	25,840
E62C Respiratry Infectn/Inflamations W/O CC	9,266	6,086	4,461	2,493	2,005	467	346	707	25,831
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	7,902	6,797	5,779	2,225	1,865	523	246	212	25,549
F72B Unstable Angina W/O Catastrophic or Severe CC	9,356	6,486	5,484	1,415	1,557	536	303	247	25,384
U60Z Mental Health Treatment, Sameday, W/O ECT	12,120	5,890	3,888	1,110	1,819	249	78	72	25,226
D63B Otitis Media and Uri W/O Cc	9,106	4,866	5,061	2,349	2,321	371	265	297	24,636
F62B Heart Failure and Shock W/O Catastrophic CC	8,802	6,559	3,929	1,938	2,044	429	235	208	24,144
D40Z Dental Extraction and Restorations	4,935	8,508	5,368	2,079	2,225	444	251	318	24,128
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	11,297	6,380	2,768	795	1,440	855	143	370	24,048
I74C Injury to Forearm, Wrist, Hand or Foot Age<75 W/O CC	9,234	5,470	5,377	1,497	1,278	377	369	422	24,024
O01D Caesarean Delivery W/O Complicating Diagnosis	7,963	5,850	4,945	1,938	1,830	402	330	379	23,637
O65A Other Antenatal Admission W Severe Complicating Diagnosis	8,143	5,867	3,811	1,543	2,574	319	159	453	22,869
Other	737,344	584,346	382,725	192,563	208,450	47,079	30,243	25,752	2,208,502
Total	1,221,135	1,053,571	667,272	345,379	351,504	77,978	60,815	62,555	3,840,209

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.12: Separations for the 30 AR-DRGs version 4.2 with the highest number of separations, ^(a) private hospitals, states and territories, 2001–02

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G44C Other Colonoscopy, Sameday	54,424	41,722	43,244	15,925	10,367	n.p.	n.p.	..	169,366
R63Z Chemotherapy	24,153	31,288	35,853	14,795	11,509	n.p.	n.p.	..	121,804
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	27,340	30,004	26,488	8,090	6,616	n.p.	n.p.	..	101,092
C08Z Major Lens Procedures	33,129	17,569	20,345	7,881	6,701	n.p.	n.p.	..	89,251
L61Z Admit for Renal Dialysis	17,201	11,873	30,234	17,406	12,093	0	0	..	88,807
D40Z Dental Extraction and Restorations	20,868	19,141	14,560	10,747	5,886	n.p.	n.p.	..	73,776
I18Z Knee Procedures	19,437	15,856	10,212	7,411	7,947	1,592	1,102	..	63,557
Z40Z Follow Up After Completed Treatment W Endoscopy	23,111	13,612	15,254	3,921	3,575	1,702	184	..	61,359
U60Z Mental Health Treatment, Sameday, W/O ECT	11,991	20,378	15,164	433	170	n.p.	n.p.	..	50,352
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	15,125	9,147	11,999	4,978	4,918	n.p.	n.p.	..	49,190
O60D Vaginal Delivery W/O Complicating Diagnosis	11,998	7,732	7,483	4,667	2,427	n.p.	n.p.	..	36,457
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	12,536	9,985	7,485	4,091	806	n.p.	n.p.	..	35,532
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	11,612	8,452	7,886	3,335	2,043	n.p.	n.p.	..	35,006
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	9,267	5,842	5,666	2,413	1,924	n.p.	n.p.	..	26,062
L41Z Cystourethroscopy W/O CC	7,429	5,197	4,285	2,807	1,822	n.p.	n.p.	..	22,865
Z64B Other Factors Influencing Health Status Age<80	2,160	8,644	3,215	6,390	1,284	n.p.	n.p.	..	22,276
E63Z Sleep Apnoea	8,953	4,964	4,934	362	2,094	n.p.	n.p.	..	22,132
D11Z Tonsillectomy or Adenoidectomy	7,729	3,931	4,502	2,624	2,045	n.p.	n.p.	..	21,566
G09Z Inguinal and Femoral Hernia Procedures Age>0	7,162	4,782	4,505	2,302	1,719	632	436	..	21,538
I16Z Other Shoulder Procedures	5,535	4,906	3,583	3,346	2,314	358	356	..	20,398
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	8,505	3,856	4,086	1,873	1,150	533	218	..	20,221
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,514	3,760	5,999	1,787	2,096	n.p.	n.p.	..	20,002
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	6,575	3,247	5,144	1,011	3,059	n.p.	n.p.	..	19,639
N10Z Diagnostic Curettage or Diagnostic Hysterotomy	6,373	4,455	3,984	1,820	1,732	n.p.	n.p.	..	19,253
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	5,783	3,792	3,973	2,018	1,519	528	401	..	18,014
O01D Caesarean Delivery W/O Complicating Diagnosis	5,272	3,162	4,681	2,624	1,297	n.p.	n.p.	..	17,869
N04Z Hysterectomy for Non-Malignancy	5,338	2,872	3,899	2,286	1,698	n.p.	n.p.	..	17,311
I26Z Other Wrist and Hand Procedures	4,873	4,009	3,543	1,932	1,830	n.p.	n.p.	..	16,925
G42B Other Gastroscopy for Major Digestive Disease, Sameday	5,782	3,946	4,170	1,396	1,036	262	18	..	16,610
I68C Non-surgical Neck & Back Conditions W Pain Management Proc/Myelogram	3,426	3,378	1,552	4,911	1,874	1,183	7	..	16,331
Other	270,598	258,129	255,046	115,808	90,217	38,959	13,472	..	1,042,229
Total	659,199	569,631	572,974	261,390	195,768	70,649	27,179	..	2,356,790

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

.. not available.

n.p. not published.

Table 11.13: Average length of stay (days) for the 30 AR-DRGs version 4.2 with the highest number of separations, public hospitals, ^(a) states and territories, 2001–02

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O60D Vaginal Delivery W/O Complicating Diagnosis	2.9	2.9	2.5	3.1	2.9	3.7	2.7	3.4	2.8
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
F74Z Chest Pain	1.7	1.4	1.7	1.7	1.8	1.7	1.6	2.0	1.6
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	2.1	1.9	2.0	2.2	2.0	2.2	2.7	2.5	2.0
C08Z Major Lens Procedures	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.0
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.3	1.2	1.2	1.2	1.1	1.5	1.3	2.7	1.2
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	1.8	1.5	1.5	1.9	1.5	1.5	2.4	1.7	1.6
Z64B Other Factors Influencing Health Status Age<80	4.9	2.3	1.9	1.2	2.7	5.1	1.3	4.9	2.8
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	1.6	1.4	1.6	1.7	1.8	1.6	1.8	1.9	1.6
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	1.1	1.0	1.1	1.1	1.0	1.1	1.1	1.1	1.1
X60C Injuries Age < 65	1.4	1.3	1.3	1.6	1.7	1.5	2.0	2.1	1.4
Z40Z Follow Up After Completed Treatment W Endoscopy	1.0	1.0	1.0	1.0	1.0	1.3	1.0	1.1	1.0
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.7	1.3	1.5	1.5	1.3	1.8	1.3	1.8	1.4
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	4.0	4.5	3.3	3.5	3.5	4.5	4.2	4.1	3.9
E69C Bronchitis and Asthma Age<50 W/O CC	1.7	1.7	1.7	1.9	1.8	2.0	2.1	2.4	1.8
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	2.4	2.2	2.3	1.9	2.2	2.5	1.8	2.2	2.3
E62C Respiratory Infectn/Inflammatns W/O CC	3.8	3.4	3.4	3.5	3.3	3.8	3.7	4.2	3.6
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	1.4	1.3	1.4	1.2	1.5	1.6	2.2	1.5	1.4
F72B Unstable Angina W/O Catastrophic or Severe CC	3.0	2.4	2.7	2.3	2.9	3.0	2.5	3.1	2.7
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
D63B Otitis Media and Uri W/O Cc	1.8	1.7	1.6	1.9	1.6	2.0	1.9	2.1	1.7
F62B Heart Failure and Shock W/O Catastrophic CC	5.9	4.9	5.5	5.4	5.9	7.3	6.1	5.2	5.5
D40Z Dental Extraction and Restorations	1.1	1.0	1.1	1.0	1.0	1.1	1.1	1.3	1.1
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	3.2	2.0	2.9	2.9	3.2	4.0	3.2	3.8	2.9
I74C Injury to Forearm, Wrist, Hand or Foot Age<75 W/O CC	1.2	1.1	1.1	1.2	1.3	1.2	1.2	1.6	1.2
O01D Caesarean Delivery W/O Complicating Diagnosis	4.7	4.7	4.0	4.8	4.8	4.9	4.8	6.0	4.6
O65A Other Antenatal Admission W Severe Complicating Diagnosis	2.9	2.1	1.8	2.7	1.9	2.1	4.5	3.5	2.4
Other	4.9	4.4	4.2	4.7	4.6	5.6	5.1	5.4	4.6
Total	3.7	3.1	3.1	3.3	3.4	4.1	3.2	3.2	3.3

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported.

Note: Main abbreviations: W—With, W/O—without, CC—complications and comorbidities.

Table 11.14: Average length of stay (days) for the 30 AR-DRGs version 4.2 with the highest number of separations, private hospitals, ^(a) states and territories, 2001–02

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
C08Z Major Lens Procedures	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	..	1.0
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	0	0	..	1.0
D40Z Dental Extraction and Restorations	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
I18Z Knee Procedures	1.2	1.3	1.2	1.3	1.3	1.2	1.1	..	1.2
Z40Z Follow Up After Completed Treatment W Endoscopy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	..	1.0
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	..	1.1
O60D Vaginal Delivery W/O Complicating Diagnosis	4.4	4.5	4.4	4.7	4.9	n.p.	n.p.	..	4.5
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	..	1.0
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	1.2	1.2	1.2	1.3	1.3	n.p.	n.p.	..	1.2
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1.3	1.7	1.6	1.4	1.6	n.p.	n.p.	..	1.5
L41Z Cystourethroscopy W/O CC	1.1	1.2	1.2	1.2	1.2	n.p.	n.p.	..	1.2
Z64B Other Factors Influencing Health Status Age<80	1.9	1.2	1.6	1.3	3.9	n.p.	n.p.	..	1.5
E63Z Sleep Apnoea	1.0	1.0	1.1	1.2	1.0	n.p.	n.p.	..	1.0
D11Z Tonsillectomy or Adenoidectomy	1.1	1.1	1.0	1.1	1.1	n.p.	n.p.	..	1.1
G09Z Inguinal and Femoral Hernia Procedures Age>0	1.7	1.7	1.4	1.7	1.9	1.6	1.3	..	1.6
I16Z Other Shoulder Procedures	1.9	2.0	2.0	1.7	2.0	2.2	1.8	..	1.9
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	1.3	1.6	1.6	1.9	1.9	1.5	1.7	..	1.5
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	1.2	1.4	1.2	1.4	1.3	n.p.	n.p.	..	1.3
J08B Other Skin Graft and/or Debridement P procedures W/O Catastrophic or Severe CC	1.3	1.5	1.3	1.9	1.1	n.p.	n.p.	..	1.3
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	..	1.0
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	2.2	2.5	2.2	2.3	2.5	2.2	1.8	..	2.3
O01D Caesarean Delivery W/O Complicating Diagnosis	5.9	6.0	5.4	6.5	6.6	n.p.	n.p.	..	5.9
N04Z Hysterectomy for Non-Malignancy	4.7	5.1	4.4	5.1	5.0	n.p.	n.p.	..	4.8
I26Z Other Wrist and Hand Procedures	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	..	1.1
G42B Other Gastroscopy for Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	..	1.0
I68C Non-surgical Neck & Back Conditions W Pain Management Proc/Myelogram	1.8	2.0	2.0	1.5	1.4	1.7	3.7	..	1.7
Other	4.1	4.3	4.5	4.2	4.7	4.5	4.5	..	4.3
Total	2.5	2.6	2.7	2.7	2.9	3.1	3.1	..	2.7

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

.. not available.

n.a. not applicable.

Table 11.15: Separations for males for the 30 AR-DRGs version 4.2 with the highest number of separations, by age group, all hospitals, ^(a) Australia, 2001–02

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	0	182	855	6,931	24,619	40,111	56,999	70,186	97,850	62,851	2,866	363,450
R63Z Chemotherapy	110	973	1,770	1,797	3,100	5,939	15,574	30,699	33,526	17,210	1,263	111,961
G44C Other Colonoscopy, Sameday	7	67	269	2,318	6,757	13,593	22,623	25,355	22,154	11,971	1,215	106,329
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	122	580	1,167	3,195	7,250	10,930	13,483	13,120	11,090	6,738	950	68,625
C08Z Major Lens Procedures	1	2	15	49	154	556	2,315	6,292	15,626	21,982	4,613	51,605
I18Z Knee Procedures	1	5	583	7,240	9,449	10,703	10,139	7,254	3,593	1,302	98	50,367
Z40Z Follow Up After Completed Treatment W Endoscopy	7	40	59	310	1,249	4,371	8,700	11,232	12,312	8,377	1,228	47,885
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	179	742	1,880	2,110	3,097	4,793	6,655	7,279	7,686	7,422	1,844	43,687
D40Z Dental Extraction and Restorations	6	4,741	7,668	14,656	6,977	3,400	1,963	1,143	621	456	86	41,717
F74Z Chest Pain	1	6	129	695	2,205	5,537	7,649	7,004	5,935	3,888	959	34,008
G09Z Inguinal and Femoral Hernia Procedures Age>0	0	1,134	1,057	1,639	2,723	4,244	6,061	6,482	5,997	3,974	639	33,950
U60Z Mental Health Treatment, Sameday, W/O ECT	795	357	3,315	3,596	4,117	4,397	7,121	4,497	1,126	2,916	405	32,642
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	2	4	24	155	343	1,478	4,680	7,680	7,536	4,178	241	26,321
Z64B Other Factors Influencing Health Status Age<80	1,197	1,057	1,233	1,130	1,734	2,743	4,302	5,380	4,170	1,901	0	24,847
L41Z Cystourethroscopy W/O CC	145	178	294	575	1,342	2,608	4,192	4,948	5,268	4,192	909	24,651
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev.CC	0	0	1,479	2,767	3,514	3,062	3,031	2,932	3,096	3,120	1,095	24,096
I26Z Other Wrist and Hand Procedures	55	378	925	4,902	4,408	3,240	3,099	2,980	2,208	1,138	109	23,442
X60C Injuries Age < 65	61	1,312	2,854	5,678	5,291	3,950	2,598	1,648	0	0	0	23,392
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	158	46	106	651	2,552	4,783	5,370	3,921	2,173	924	123	20,807
E63Z Sleep Apnoea	67	254	300	254	1,314	3,630	5,789	4,982	2,555	1,334	66	20,545
J64B Cellulitis (Ages>59 W/O Catastrophic or Severe CC) or Age<60	244	1,058	1,447	2,751	3,294	3,147	2,822	2,181	1,503	1,178	422	20,047
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	78	340	826	1,031	1,613	1,898	2,286	2,764	3,693	3,937	1,110	19,576
D11Z Tonsillectomy or Adenoidectomy	47	6,400	8,897	2,220	992	525	191	85	55	21	3	19,436
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	30	24	72	260	641	1,176	2,600	4,117	5,178	3,956	875	18,929
R61C Lymphoma and Non-Acute Leukaemia, Sameday	3	30	71	208	551	872	2,329	3,986	4,712	4,696	1,061	18,519
P67D Neonate, AdmWt > 2499 g W/O Significant O.R., Procedure W/O Problem	17,325	0	0	0	0	0	0	0	0	0	0	17,325
I74C Injury to Forearm, Wrist, Hand or Foot Age<75 W/O CC	7	1,027	8,598	3,039	1,712	1,182	827	519	315	0	0	17,226
F72B Unstable Angina W/O Catastrophic or Severe CC	0	0	0	4	92	877	2,806	3,996	4,570	3,754	872	16,971
E69C Bronchitis and Asthma Age<50 W/O CC	651	7,602	4,766	1,403	1,091	856	419	0	0	0	0	16,788
E62C Respiratory Infectn/Inflammations W/O CC	787	3,323	1,693	810	1,245	1,475	1,361	1,297	1,663	1,837	778	16,269
Other	59,803	72,888	81,371	106,333	127,857	153,711	178,981	208,169	242,415	227,006	69,408	1,527,989
Total	81,889	104,750	133,723	178,707	231,283	299,787	386,965	452,128	508,626	412,259	93,238	2,883,402

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.16: Separations for females for the 30 AR-DRGs version 4.2 with the highest number of separations, by age group, all hospitals, (a) Australia, 2001-02

AR-DRG	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	0	0	547	4,607	13,658	26,076	42,052	55,078	79,710	41,414	1,543	264,685
O60D Vaginal Delivery W/O Complicating Diagnosis	0	0	51	30,231	82,971	19,909	83	0	0	0	0	133,245
R63Z Chemotherapy	45	875	1,306	1,288	3,801	14,417	29,207	33,064	27,850	13,234	1,066	126,153
G44C Other Colonoscopy, Sameday	11	30	224	4,003	8,846	16,414	27,617	28,885	24,042	13,351	1,578	125,001
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	95	480	1,081	4,513	7,622	12,308	17,393	16,827	13,102	8,512	1,689	83,622
C08Z Major Lens Procedures	0	1	6	46	99	441	2,207	7,054	22,483	34,933	9,001	76,271
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	0	0	157	22,042	31,123	15,158	411	2	1	0	0	68,894
D40Z Dental Extraction and Restorations	4	4,050	7,952	24,475	10,107	4,404	2,557	1,309	643	495	186	56,182
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	1	1	155	4,274	16,929	19,854	8,283	2,965	1,231	453	59	54,205
Z40Z Follow Up After Completed Treatment W Endoscopy	3	18	44	776	1,960	5,623	9,924	10,619	9,144	5,828	838	44,777
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	0	0	61	13,861	23,748	5,369	42	0	0	0	1	43,082
U60Z Mental Health Treatment, Sameday, W/O ECT	649	253	857	7,603	8,690	8,414	8,915	4,269	1,863	1,185	237	42,935
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	147	745	2,172	2,840	3,959	6,173	7,477	6,411	5,394	4,981	1,922	42,221
O01D Caesarean Delivery W/O Complicating Diagnosis	0	0	7	5,569	26,444	9,418	68	0	0	0	0	41,506
N110Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	2	21	1,117	4,626	9,409	12,823	6,106	2,745	1,076	159	38,084
N09Z Conisation, Vagina, Cervix and Vulva Procedures	10	128	188	6,577	10,584	7,645	5,682	2,706	1,368	674	160	35,722
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cal/Sev CC	0	0	1,321	4,125	4,982	3,878	4,292	4,195	4,484	4,985	2,646	34,908
I18Z Knee Procedures	0	12	525	3,385	3,804	5,346	7,072	6,349	4,231	1,944	156	32,824
Z64B Other Factors Influencing Health Status Age<80	985	771	738	2,112	6,160	4,766	5,781	5,310	4,134	1,920	0	32,677
F74Z Chest Pain	1	3	97	665	1,715	3,711	6,423	6,182	5,702	5,052	1,962	31,513
N04Z Hysterectomy for Non-Malignancy	0	0	0	39	2,104	10,697	11,735	3,357	2,086	995	117	31,130
N08Z Endoscopic Procedures for Female Reproductive System	1	0	51	3,372	11,318	10,803	1,986	312	126	34	6	28,009
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	0	1	70	1,986	4,823	5,434	5,837	4,765	2,955	1,369	211	27,451
O65A Other Antenatal Admission W Severe Complicating Diagnosis	0	0	12	6,315	15,274	4,591	44	0	0	0	0	26,236
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	73	222	2,582	5,099	4,971	3,915	3,023	1,951	1,762	1,530	597	25,725
O60B Vaginal Delivery W Severe Complicating Diagnosis	0	0	13	5,823	14,411	4,148	22	0	0	0	0	24,417
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	61	250	552	1,116	1,896	3,040	3,692	2,610	3,912	4,659	1,998	23,786
O61Z Postpartum and Post Abortion W/O O.R. Procedure	1	0	4	4,168	13,054	4,053	44	0	0	1	0	21,325
O64Z False Labour	0	0	19	7,019	11,135	2,429	9	0	0	0	0	20,611
D11Z Tonsillectomy or Adenoidectomy	12	4,179	8,635	4,974	1,571	539	163	87	48	21	3	20,232
Other	57,905	61,287	67,729	109,862	172,298	186,061	200,630	197,987	221,327	255,009	125,903	1,656,025
Total	60,004	73,308	97,177	293,882	524,683	434,443	425,494	408,400	440,343	403,655	152,038	3,313,454

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.17: Separations for the 30 AR-DRGs with the largest changes in the total numbers of separations,^(a) by hospital sector, 1999-00 to 2001-02

AR-DRG	Private hospitals						Public hospitals					
	1999-00		2000-01		2001-02		1999-00		2000-01		2001-02	
	1999-00	2001-02	2000-01	2001-02	2001-02	2001-02	1999-00	2001-02	2000-01	2001-02	2001-02	Change 1999-00
L61Z	62,454	84,553	88,807	26,353	466,650	486,821	539,377	72,727				
G44C	135,901	160,559	169,366	33,465	61,127	61,509	61,965	838				
R63Z	90,512	111,770	121,804	31,292	116,629	111,959	116,310	-319				
C08Z	72,113	82,872	89,251	17,138	32,951	34,801	38,628	5,677				
D40Z	55,971	61,442	73,776	17,805	23,959	21,655	24,128	169				
Z40Z	43,845	52,608	61,359	17,514	31,144	32,374	31,303	159				
Z64B	10,043	15,107	22,276	12,233	30,346	30,257	35,249	4,903				
F74Z	8,284	9,728	10,471	2,187	42,726	47,825	55,050	12,324				
J11Z	34,436	45,095	49,190	14,754	37,441	37,146	36,719	-722				
O60D	33,241	34,520	36,457	3,216	111,111	104,722	96,788	-14,323				
G67B	9,048	10,141	10,170	1,122	41,506	45,774	48,837	7,331				
E63Z	14,283	18,294	22,132	7,849	4,362	4,345	4,867	505				
O40Z	24,858	27,783	35,532	10,674	36,468	34,874	33,362	-3,106				
L41Z	16,887	21,321	22,865	5,978	17,524	18,026	18,560	1,036				
Q61C	10,266	11,700	13,599	3,333	26,634	27,693	29,764	3,130				
U60Z	41,319	48,411	50,352	9,033	28,180	25,986	25,226	-2,954				
O01D	13,008	15,170	17,869	4,861	22,607	23,455	23,637	1,030				
J08B	14,640	17,836	19,639	4,999	6,413	6,750	7,244	831				
F71B	7,583	8,724	9,406	1,823	21,975	23,571	25,840	3,865				
P67D	7,558	6,451	6,482	-1,076	17,602	22,555	24,048	6,446				
N07Z	29,716	33,903	35,006	5,290	19,395	19,606	19,199	-196				
X60C	1,493	1,702	1,626	133	28,015	30,375	32,888	4,873				
N08Z	10,728	11,290	11,373	645	22,085	19,780	16,636	-5,449				
G66B	5,652	6,903	6,313	661	30,335	33,636	34,407	4,072				
K60B	1,420	2,002	2,395	975	11,350	13,771	14,926	3,576				
I04B	10,482	11,756	14,266	3,784	6,567	6,379	7,280	713				
E69C	2,637	2,859	2,276	-361	33,130	35,584	29,008	-4,122				
N11B	9,701	12,241	13,779	4,078	2,728	2,899	3,087	359				
C09Z	10,659	7,584	7,672	-2,987	5,291	4,473	3,860	-1,431				
U40Z	1,040	1,626	2,119	1,079	5,492	6,857	8,587	3,095				

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*. AR-DRGs have been ordered by the sum of the absolute value of the changes in the public and private sectors between 1999-00 and 2001-02.

- Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.
 2. AR-DRG 960Z Ungroupable not included.

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Private hospitals	8.2: p157	9.2: p188	10.1: p217	11.2: p235
Separations, states and territories				
Public hospitals	8.3: p159	9.3: p190	10.2: p218	11.3: p236
Private hospitals	8.4: p161	9.4: p192	10.2: p218	11.4: p237
Separations, number of diagnoses/procedures reported, sector, states and territories				
	8.5: p163	9.5: p194	n.a.	n.a.
Selected separation statistics, top 30, Australia				
Public hospitals (overnight separations)	8.6: p164	9.8: p199	n.a.	11.5: p238
Private hospitals (overnight separations)	8.7: p165	9.9: p200	n.a.	11.6: p239
Public hospitals (same day separations)	8.8: p166	9.10: p201	n.a.	11.7: p240
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Private hospitals	8.13: p171	9.14: p205	n.a.	11.12: p245
ALOS, top 30, states and territories				
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Males	8.16: p174	9.17: p208	10.3: p219	11.15: p248
Females	8.17: p175	9.18: p209	10.4: p220	11.16: p249
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	8.18: p176	9.19: p210	n.a.	n.a.
Separations, all hospitals, Australia				
Place of occurrence	n.a.	n.a.	10.5: p221	n.a.
Activity when injured	n.a.	n.a.	10.6: p222	n.a.
First reported external cause and principal diagnosis	n.a.	n.a.	10.7: p223	n.a.
Separations, top 30, with the largest change in numbers, 1999–00 to 2001–02				
	n.a.	n.a.	n.a.	11.17: p250
Procedures, ICD-10-AM groupings, states and territories				
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Private hospitals	n.a.	9.7: p197	n.a.	n.a.

^(a) This table presents information as Table numbers: page number for each of the tables in chapters 8 to 11.

Abbreviations: AR-DRG—Australian Refined Diagnosis Related Group, ALOS—average length of stay.

n.a. not applicable.

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Appendix 3: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2001–02 definitions in the *National Health Data Dictionary* version 10.0 (NHDC 2001) (summarised in the Glossary).

Data presented by state or territory refer to the state or territory of the hospital, not to the state or territory of the usual residence of the patient. The exceptions are Tables 4.6 to 4.9, 7.11 and 7.12, which are based on data on the state or territory of usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in Tables 6.6, 6.7, 6.8 and 6.9.

Data presentation

Except as noted, where totals are provided in the tables, they include data only for those states and territories for which data were available, as indicated in the tables. The exceptions relate to tables in which data for some jurisdictions were not published, for confidentiality reasons, or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful. The abbreviation 'n.p.' has been used in these tables to denote this. Information for selected diagnoses, procedures and AR-DRGs was suppressed if there were fewer than 50 private hospital separations reported for the selected code and fewer than three reporting units (hospitals, or states or territories where the hospitals were not individually identified), or there were three reporting units and one contributed more than 85% of the total separations, or two contributed more than 90% of the separations for the selected diagnoses, procedures or AR-DRGs. Data on elective surgery waiting times have been suppressed if there were fewer than 10 elective surgery admissions in the category being considered.

Throughout the publication, percentages may not add up to 100.0 due to rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Population rates

Population rates presented in Chapters 2, 4, 6 and 7 are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 31 December 2001 were used for the observed rates (Table A3.1 accompanying this report on the Internet). The exceptions were Tables 4.7, 4.9, 7.7, 7.8, 7.10, 7.12, 8.18 and 9.19, and Figures 4 and 7.7, for which the 30 June 2001 population estimates (by Indigenous status, selected countries/regions of birth and Remoteness Areas, as appropriate) were used for the observed rates (Tables A3.2, A3.3 and A3.4 accompanying this report on the Internet). Crude population rates in Chapters 5, 8, 9 and 11 were calculated using the population estimates for 31 December 2001.

Standardised separation rate ratios

For some tables reporting comparative separation rates (Tables 4.6, 4.7, 4.8, 4.9, 7.11 and 7.12), standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison population (the expected rate). In these tables a 95% confidence interval for the SRR has also been presented. The calculations are as follows:

Standardised separation rate ratio = observed rate/expected rate

Standard error (SRR) = $\sqrt{\text{observed rate/expected rate}}$

95% confidence interval (SRR) = SRR \pm 1.96 x Standard error (SRR)

A confidence interval for the separation rate can be obtained by multiplying the upper and lower 95% confidence levels for the SRR by the crude rate for the population.

Thus a standardised separation ratio of 1 indicates that the population of interest (for example, Indigenous peoples) had a separation rate similar to that of the comparison group (for example, other Australians). An SRR of 1.2 indicates that the population of interest had a rate that was 20% greater than that of the comparison population and an SRR of 0.8 indicates a rate 20% smaller. If the 95% confidence interval of the SRR contains 1, the rate for the population of interest is not significantly different (at the 95% confidence level) from that of the comparison population. Similarly, if the 95% confidence interval does not contain 1, then there is a significant difference (at the 95% confidence level).

Newborn episodes of care

The *Newborn* care type was introduced in 1998–99 for the hospital morbidity data to report a single episode of care for all patients aged 9 days or less at admission, regardless of their qualification status and whether they changed qualification status during their hospital stay. Thus these episodes can include qualified days only, a mixture of qualified days and unqualified days, or only unqualified days. Qualified days are considered to be the equivalent of acute care days and *Newborn* episodes with qualified days only are considered to be equivalent to *Acute care* episodes. *Newborn* episodes with no qualified days are considered to be equivalent to the previous category, *Unqualified neonate*. In this report, *Newborn* episodes with at least one qualified day have been included in all the tables reporting separations. Records for *Newborn* episodes with no qualified days do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in Chapter 6.

Tasmania and the Northern Territory did not use this *Newborn* definition in 2001–02; therefore, for these jurisdictions, there are no *Newborn* separations with a mixture of qualified and unqualified days reported (see Table 6.10). They reported a new episode of care for patients aged less than 10 days at admission with each change in qualification status. The reporting method used in Tasmania and the Northern Territory may mean that there were more separations for patients under the age of 10 days for these jurisdictions, relative to others, and that they had a lower average length of stay.

Information on reporting practices for *Newborn* episodes prior to 2001–02 is available in *Australian Hospital Statistics 2000–01* (AIHW 2002a).

Hospital boarders and posthumous organ procurement

For some states and territories, the data provided for the National Hospital Morbidity Database include records for hospital boarders and for posthumous organ procurement activity (see Glossary). The records for boarders were excluded from this report, as they are not admitted patients. Similarly, posthumous organ procurement activity was excluded from this report.

Hospital in the home care

Most states and territories have hospital in the home programs in which admitted patients are provided with hospital care. This care has been defined in the *National Health Data Dictionary* version 10 (NHDC 2001) as occurring in the patient's (permanent or temporary) place of residence as a substitute for hospital accommodation, and within an episode of care for an admitted patient.

Data on hospital in the home care was reported by five jurisdictions to the National Hospital Morbidity Database for 2001–02. For Victoria, Queensland, the Australian Capital Territory and the Northern Territory, data on hospital in the home care were provided as defined in the *National Health Data Dictionary*, and separations including this care were included in the National Hospital Morbidity Database. In the Australian Capital Territory, hospital in the home care data were provided by only one hospital. In South Australia, hospital in the home episodes are reported as separate episodes of care. This variation may have had the effect of slightly increasing the relative numbers of separations and reducing the average lengths of stay reported by South Australia compared with other states and territories.

In New South Wales in 2001–02, data on hospital in the home care was not provided, as it had been collected inconsistently. Western Australia operated some hospital in the home programs in 2001–02 but did not collect data on these programs; collection of data related to hospital in the home commenced on 1 July 2002. Tasmania did not report hospital in the home care data for 2001–02.

ICD-10-AM coded data

Diagnosis, procedure and external cause data for 2001–02 were reported to the National Hospital Morbidity Database by most states and territories using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2000). For South Australia these data were reported to the National Hospital Morbidity Database using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002).

Data mapping for South Australia

South Australia mapped the data collected using the second edition of ICD-10-AM forward to codes of the third edition of ICD-10-AM (NCCH 2002) before providing them to the Institute. Where mapped codes could be identified, the Institute mapped the South Australian data backward to the second edition codes so that national data could be

presented in a single classification in this report. The mapped data are not completely equivalent to unmapped data, so this means that the South Australian data should be interpreted with these mappings in mind. In this report, 'mapping' refers to the process of finding an 'equivalent' code between two classifications to enable national data to be presented in a single classification.

South Australia forward mapped by selecting the most clinically appropriate code in third edition ICD-10-AM based on the description of the code in the second edition of ICD-10-AM. There were no many-to-one maps where multiple second edition codes would be mapped to one third edition code. All diagnosis code maps were one-to-one maps, meaning that a diagnosis code in second edition ICD-10-AM was mapped to one diagnosis code only in third edition ICD-10-AM. Procedure code maps were mainly one-to-one maps. There were 22 one-to-many maps, where one second edition code was mapped to many third edition codes.

Where the third edition code was invalid as a second edition code, the South Australian forward map was reversed by the Institute, using the standard backward maps in the version 4.2 AR-DRG grouper.

Backward maps for external causes were developed by the Institute and are available with the Internet version of this report. The changes for external cause codes between the second and third editions of ICD-10-AM were mainly to place and activity codes. In many of these cases the ICD-10-AM third edition codes provided more detail than the second edition codes, so the Institute's reversal of the maps would have resulted in a loss of detail.

Quality of ICD-10-AM coded data

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded, and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis. The following information has, however, been provided by the states and territories to provide some insight into the quality of the coded data in the National Hospital Morbidity Database.

There was no formal statewide audit of ICD-10-AM coded data in New South Wales for 2001–02. However, there were no major quality issues in coded data detected in routine input processing and output editing of data. An inaugural statewide coding audit is to be performed in mid-2003. This will encompass 5% of the state's acute care records and selected records for Department of Veterans' Affairs patients.

Audits of ICD-10-AM coded data in Victoria have indicated that the data were of high quality. The most recent audit, covering data for 2000–01, indicated further improvement over earlier years.

In the most recent clinical coding audit Queensland Health examined 2000–01 morbidity data from selected public hospitals throughout the state. Sample selection for the audit focused on pre-determined target AR-DRGs that were varied depending on the hospital concerned. In common with previous audits, the findings highlighted the need for providing continual clinical coder education and support, for sites to ensure that they are applying the most current Australian Coding Standards, and for ensuring that clinicians are asked to confirm information contained within the medical record when necessary. Queensland Health is currently addressing the major recommendations from the audit.

For the year 2001–02 the Western Australian Department of Health performed audits on random samples of general records from teaching, non-teaching and rural hospitals as well as targeted samples of cases with high risk of error (based on previously compiled error profiles). The audits aimed to assess the accuracy of ICD-10-AM coding and to check compliance with other recording requirements. Some significant misconceptions regarding Australian Coding Standards were uncovered that had resulted primarily in abstracting errors rather than technical coding errors. The assignment of principal diagnosis emerged as the aspect of clinical coding most frequently associated with abstracting error. The clinical codes sent to the Western Australian Department of Health were checked using the NCCH's Performance Indicators for Coding Quality (PICQ) software and in-house routines. These checks led to an improvement in the coded information.

In South Australia, from 1 July 2001, a number of coding standards were clarified to improve consistency of data captured across hospital sites. In addition a small number of new data edits were added to the central morbidity data processing in an effort to improve the consistency and quality of data. A formal external recoding audit was conducted on data from the eight metropolitan hospitals in Adelaide for the 1 July 2001 to 31 March 2002 period. Relatively small random samples targeting short stay and same day admissions were selected. Quality was measured as percentage of AR-DRG change using version 4.2 AR-DRGs. The proportion of AR-DRGs that changed by site ranged from 3.2% to 18.8%.

In Tasmania, individual hospitals continue to conduct in-house audits using the NCCH's Australian Coding Benchmark Audit method. The results of these edits have shown a minimal error rate. PICQ is also used to assist in the identification of potential areas of poor coding quality.

The Australian Capital Territory has continued to undertake quality improvements in its coded data. An external coding audit of data is planned for 2003 and will include coder education to address coding matters.

The Northern Territory Coders' Forum continued monthly mini-audits throughout the year. These audits involved each hospital coder coding the same specific case, with the answers being reviewed by forum members. In addition to the mini-audits, the hospitals regularly run reports on AR-DRGs and review of these reports can result in coding being checked and revised.

ICD-10-AM codes used for selected analyses

A number of tables in this report use ICD-10-AM codes to define diagnoses and procedures. ICD-9-CM codes are also used for data for 1997–98 and earlier years, as applicable. The codes are presented in Table A3.5 (accompanying this report on the Internet) and relate to

- Figures 4, 6, 7, 8 and 9 in the *Hospitals at a glance* section
- Tables 4.6 and 4.7, which present statistics on selected procedures
- Tables 4.8 and 4.9, which present statistics on potentially preventable hospitalisations.

Data on geographical location

Data on geographical location are collected on hospitals in the National Public Hospital Establishments Database and on the area of usual residence of patients in the National Hospital Morbidity Database. These data have been provided as Statistical Local Area (SLA -

a small unit within the Australian Bureau of Statistics' Australian Standard Geographic Classification; ASGC) and/or postcode, and have been aggregated to Statistical Divisions and Rural, Remote or Metropolitan Areas (RRMA) (DPIE & DSHS 1994) for previous reports in this series. For this report, the ASGC's Remoteness Structure has been used in place of the RRMA classification. It categorises geographical areas into Remoteness Areas, described in detail on the Australian Bureau of Statistics' internet site at

<http://www.abs.gov.au/ausstats/abs@.nsf/0/689CE49486DC6BACCA256AD4007F680F?Open&Highlight=0,remoteness>

The classification is as follows:

- major cities of Australia
- inner regional
- outer regional
- remote
- very remote.

Geographical location of hospital

The Remoteness Area of each public hospital was determined by the Institute in cooperation with the states, territories, the Commonwealth Department of Health and Ageing (DHA) and the Australian Bureau of Statistics (ABS). DHA provided geocoded data (with latitude and longitude) for each hospital that was recorded on the Health Insurance Commission Database as having provided private hospital services. The data were checked by states and territories and some jurisdictions made corrections to the latitudes and longitudes. The geocoded data were then linked by the ABS to a set of Remoteness Area boundaries and the hospitals were allocated to the Remoteness Area in which they were located. A very small number of public hospitals were identified on the National Public Hospital Establishments Database that were not included in the list from DHA. The Remoteness Area for these was assigned by the ABS on the basis of their SLA, or actual location. The Institute and the states and territories then reviewed the Remoteness Area allocation against SLA-based information.

Data on the Remoteness Area of hospitals are presented in Chapter 2 (Table 2.6) and Chapter 3 (Table 3.2). Previously, these data have been presented by RRMA, so the change to using Remoteness Areas means that the presented data are not comparable between 2000–01 and 2001–02. Table A3.7 presents the number of hospitals and available beds by Remoteness Area and by RRMA for 2001–02, and therefore provides an indication of the effect of this change.

Geographical location of usual residence

Data on the Remoteness Area of usual residence of admitted patients are presented in Table 7.12, Table 4.7 and Table 4.10 and in Figure 5 in *Hospitals at a glance* section. Data on the state or territory of usual residence are reported in Chapter 6 (Tables 6.6, 6.7, 6.8 and 6.9), and data on the Statistical Division of usual residence of admitted patients are presented in maps in Chapter 7 (Figures 7.8 and 7.9). Data for the two Statistical Divisions in the Australian Capital Territory were combined for mapping purposes because of the very small population of one of the Statistical Divisions.

The data used for these maps and tables were derived from data supplied for each separation by the states and territories for the National Hospital Morbidity Database on the area of usual residence of the patients. The *National Health Data Dictionary* specifies that these data should be provided as the state or territory and the SLA of usual residence. Although most separations included data on the state or territory of usual residence, not all states and territories were able to provide information on the area of usual residence in the form of an SLA code, using the 2001 edition of the ASGC. New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory were able to provide SLA codes for both patients usually resident in the jurisdiction and patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction. Western Australia provided postcodes both for patients usually resident in the jurisdiction and for patients usually resident elsewhere.

The Institute mapped the supplied area of residence data for each separation to 2001 SLA codes and to Remoteness Area categories. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by postcode, Remoteness Areas and SLAs (2001 and previous years). The mapping process identified missing, invalid and superseded codes, but resulted in 99.4% of records being assigned 2001 SLA codes. Due to the probabilistic nature of this mapping, the SLA and Remoteness Area data for individual separations may not be accurate, however, the overall distribution of separations by geographical areas is considered useful.

Previously, data on the area of usual residence of the patient have been presented by RRMA, so the change to using Remoteness Areas means that the presented data are not comparable between 2000-01 and 2001-02. Table A3.6 presents the number of separations by Remoteness Area and by RRMA for all hospitals for 2001-02, and therefore provides an indication of the effect of this change.

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation (Tables 4.1, 4.2, 4.3) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided. A synopsis of the methods used in this analysis are presented below, and more detail is available in *Australian Hospital Statistics 2000-01* (AIHW 2002a).

Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where

- Recurrent expenditure is as defined by the recurrent expenditure data elements in the *National Health Data Dictionary* (with depreciation excluded)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that related to admitted patients

- Total separations includes all care types, including those other than acute. It excludes Newborns with no qualified days, as defined in the Glossary, and records that do not relate to admitted patients (boarders and posthumous organ procurement)
- Average cost weight is a single number representing the relative costliness of the separations.

Recurrent expenditure

For the medical labour cost category, data are available only for public patients, as private patients are charged directly by their doctor for medical services, and these charges are not included in the recurrent expenditure figures. The proportion of patients other than public patients can vary so, to take this into account, medical costs for these patients are estimated, and expenditure increased to resemble what it would be if all patients had been public patients. The estimation is based on the salary/sessional and VMO expenditure per patient day for public patients, applied to all patients.

Admitted patient cost proportion

To determine the costs associated with admitted patients, an admitted patient cost proportion (or inpatient fraction, IFRAC) is used. The IFRAC is the proportion of total hospital expenditure that related to the provision of care for admitted patients, provided to the Institute for most hospitals by the states and territories. For a few small hospitals where the IFRAC was not available, the admitted patient costs were estimated using the Health and Allied Services Advisory Council (HASAC) ratio.

Total separations

The method includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise 97% of the total for the hospitals included in the analysis (Table A3.8), as cost weights are available for them. However, the 3% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This means, however, that the estimates of cost-weighted separations (see below) are affected for each state and territory, and the extent to which they are affected depends on the proportion of non-acute separations in that state or territory. The non-acute admitted patients (including rehabilitation care patients) will generally have higher costs per separation than acute care patients because, although their daily costs are lower, these patients typically have longer lengths of stay. (See below for examples relating to hospitals in some states.)

Comparisons between the states and territories should therefore take into consideration the uncertainty introduced by these episodes for which the cost weights were unavailable. Table A3.8 shows that there is significant variation in the number and length of stay for these separations between jurisdictions.

There is also some variation between states and territories in the ways in which periods of hospitalisation are split into episodes of care (see above in relation to *Newborn* care, for example). In states or territories where there is a clear delineation in funding arrangements between acute and non-acute services, splitting episodes into acute and other components may be different from where there is no such funding delineation.

To refine the method to remove this anomaly would require estimates of expenditure for acute care for admitted patients (acute care IFRACs). For 2001–02, such estimates were available for some jurisdictions, as presented below.

Average cost weights

Hospital morbidity data provided to the National Hospital Morbidity Database were used to estimate average cost weights for the groups of hospitals reported in this analysis. The 2000–01 version 4.2 cost weights were applied to 2001–02 data as the National Hospital Cost Data Collection 2001–02 weights were not available at the time of publication.

As noted above, because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations.

The average cost weight for a hospital or group of hospitals (Table 4.2, for example) is calculated as the number of casemix-adjusted separations divided by the number of separations. It represents in a single number the overall complexity of cases treated by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (by design equal to 1.00).

The average cost weight for a group of hospitals is multiplied by the total number of separations for that group to produce the number of casemix-adjusted separations (the denominator for the cost per casemix-adjusted separation analysis). The term ‘cost per casemix-adjusted separation’ derives from this use of the number of separations adjusted by relative costliness.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction’s psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed into acute hospital services and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogeneous than for other acute services.

The complexity of cases treated as admitted patients can also differ regionally. Some jurisdictions admit patients who might be treated as non-admitted patients in other jurisdictions.

Cost per acute care and non-psychiatric acute care casemix-adjusted separation

Because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. Thus, the methodology would be refined if cost weights became available for other care types, or if the analysis were to be restricted to acute care activity and expenditure. As AR-DRG cost weights are likely to be less useful as measures of resource requirements for psychiatric acute care than for other acute care, a further refinement would be to restrict the analysis to non-psychiatric acute care activity and expenditure.

Restriction to acute care activity requires estimates to be made by the states and territories of expenditure on acute care admitted patients (supplied as acute care IFRACs), and for separations relating to non-acute care patients to be excluded from the analysis. Restriction to non-psychiatric acute care activity requires estimates to be made by the states and territories of expenditure on non-psychiatric acute care admitted patients (supplied as non-

psychiatric acute care IFRACs), and for separations relating to non-acute care patients and to psychiatric acute care patients to be excluded from the analysis. The exclusion of psychiatric acute care activity is done by excluding separations if one or more psychiatric care day (indicating care provided in a specialised psychiatric unit) is reported for the separation.

This methodology is still under development, and issues to be resolved include the consistency of counting separations that are not acute and the method used to identify psychiatric separations.

New South Wales, Victoria, Western Australia and Tasmania provided estimates of expenditure on acute care admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A3.9). Separations were included only if their care type was acute, or was not reported, or was *Newborn* and had qualified days.

For Tasmania and New South Wales acute care IFRACs were available for all hospitals included in the cost per casemix adjusted separation analysis. For Victoria and Western Australia, reported acute care and non-psychiatric acute care IFRACs were the same as the IFRACs for all care types combined for some hospitals that nevertheless reported non-acute admitted patient care activity. Those hospitals were excluded from the analysis if they reported more than 1,000 patient days for non-acute separations. This meant that 17 hospitals were excluded from the analysis for Victoria (representing 39% of separations): four principal referral hospitals, one specialist women's and children's hospital, one large hospital, six medium hospitals and five small rural acute hospitals. For Western Australia, there were 6 hospitals excluded (15% of separations): one principal referral hospital and five medium hospitals.

The estimated cost per acute care casemix-adjusted separation for the selected hospitals was \$2,890 in New South Wales, \$3,058 in Victoria, \$3,033 in Western Australia and \$3,000 in Tasmania. The cost per casemix-adjusted separation for all separations in these hospitals was \$ 3,010, \$3,287, \$3,090 and \$3,118 respectively, so the effect of restricting the analysis to acute care admitted patients was to decrease the estimated cost by 4.0%, 7.0%, 1.8% and 3.8% respectively.

The estimated cost per acute non-psychiatric casemix-adjusted separation for the selected hospitals was \$2,887 in New South Wales, \$2,962 in Victoria and \$3,028 in Western Australia. The effect of restricting the analysis to acute non-psychiatric admitted patients was to decrease the estimated cost by 4.1%, 9.9% and 2.0% respectively.

These analyses would be further improved if all jurisdictions increased their capacity to separate costs for psychiatric services, other acute services, sub-acute services (e.g. rehabilitation) and non-acute services.

Total cost per casemix-adjusted separation

The cost per casemix-adjusted separation analysis includes only recurrent expenditure, and does not include capital expenditure of any type. There are concerns about the quality and comparability of available capital expenditure data, and they are not provided to the Institute by all states and territories. The concerns about the comparability of the data include variation among the jurisdictions in the type of expenditure that is defined as recurrent and capital, respectively.

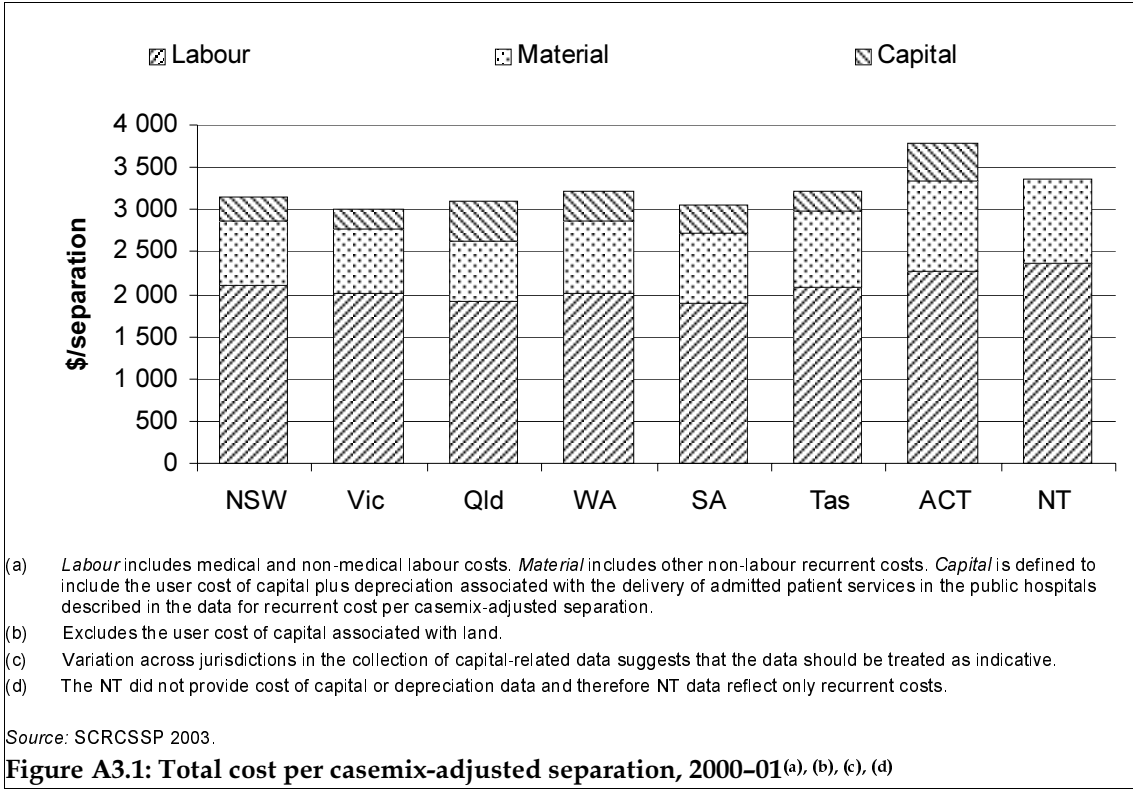
The SCRCSSP reported total costs per casemix-adjusted separation by state and territory for 2000–01 (SCRCSSP 2003). It was defined as the recurrent cost per casemix-adjusted

separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix-adjusted separation.

The SCRCSSP notes that ‘depreciation is defined as the cost of consuming an asset’s services, and is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital and is equivalent to the return forgone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital and so should be excluded from recurrent expenditure where user costs of capital are calculated separately and added to recurrent costs. Interest expenses were deducted directly from capital costs in all jurisdictions to avoid double counting.’

Total cost per casemix-adjusted separation by jurisdiction (including capital costs), as published by SCRCSSP for 2000–01, is presented in Figure A3.1. The data exclude the user cost of capital associated with land. Excluding the users cost of capital for land, the total cost per casemix-adjusted separation ranged from \$3,007 in Victoria to \$3,785 in the Australian Capital Territory (SCRCSSP 2003).

Further details about the SCRCSSP calculation of total cost per casemix-adjusted separation are available in the *Report on Government Services 2003* (SCRCSSP 2003).



Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Tables 4.1, 4.2, 4.3, 4.11 and 4.12. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures) standardised for casemix. An RSI greater than 1 indicates that an average patient’s length of stay is higher than would be expected given the

casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected.

The standardisation for casemix (based on the AR-DRG and age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status. The method used is:

Standardisation on the basis of:

- AR-DRG and
- Age as a cubic regression within each AR-DRG.

Included and excluded separations:

- include only acute care type
- exclude AR-DRGs which are overwhelmingly same day: R63Z Chemotherapy and L61Z Admit for renal dialysis
- exclude AR-DRGs with a length of stay component in the definition
- exclude 'rehabilitation' AR-DRGs
- exclude error AR-DRGs 960Z, 961Z, 962Z and 963Z
- exclude separations for patients who died or were transferred within two days of admission
- exclude episodes with length of stay greater than 120 days.

These inclusions and exclusions are further detailed in Appendix 4 of *Australian Hospital Statistics 2000–01* (AIHW 2002a).

Standardisation methods

Two methods are used for standardisation of the length of stay data, and are analogous to direct and indirect age-standardisation methods. The method used generally in this report and in *Australian Hospital Statistics 2000–01* is analogous to indirect standardisation where the national rates (ALOS) for each AR-DRG are applied to the relevant population of interest (number of separations for each AR-DRG in the hospital group) to derive the expected number of patient days. Indirect standardisation methods are generally used when rate information for the population of interest (ALOS for each AR-DRG in this analysis) is unknown or subject to fluctuation due to small population sizes. This method provides a measure of efficiency for a hospital, or group of hospitals, based on their actual activity. However, an indirectly standardised rate compares a group with a 'standard population rate' so, using this method, rates for different groups are not strictly comparable because each group has a different casemix to which the national ALOS data have been applied. Hence, technically, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

The second method is analogous to direct standardisation where the rate (ALOS) of each AR-DRG for the group of interest is multiplied by the national population (total number of separations in each AR-DRG) to derive the expected number of patient days. This method provides a measure of efficiency for a hospital, or group of hospitals, and is suitable if all or most AR-DRGs are represented in hospital group. Direct standardisation methods are

generally used where the populations and their characteristics are stable and reasonably similar, for example for total separations for New South Wales and Victoria.

Groups can be compared using directly standardised rates as the activity of each group is weighted using the same set of weights, namely the national casemix. However, the ALOS data for missing AR-DRGs need to be estimated. The method used in this report uses an assumption that the missing AR-DRGs for the hospital group had a relative length of stay that was the same as that for the reported AR-DRGs for the hospital group, weighted by the national distribution of the reported AR-DRGs in the group. Another weakness of direct standardisation is that this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group. This weakness can be particularly problematic if the low-volume AR-DRGs are atypical.

The indirectly standardised method has been mainly used in this report, because of the weaknesses of the directly standardised method. However, the directly standardised methodology has been used (in addition to the indirect standardisation) in Table 4.12. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented. Given the problems with using direct standardisation for hospital groups that reported a limited range of AR-DRGs, data for the directly standardised method in the private sector in Tasmania and the Australian Capital Territory and the public sector in the Northern Territory are suppressed in Table 4.12. In these cells, fewer than 600 of the 639 DRGs used in the national RSI analysis are delivered so their results are likely to have been affected by estimation of the missing ALOS data.

Table A3.11 shows the number of AR-DRGs represented in each cell in Table 4.12, so that the number of AR-DRGs for which ALOS was estimated can be derived. For those jurisdictions and sectors for which RSI statistics are presented in Table 4.12, there were between 601 and 639 AR-DRGs represented, meaning that ALOS data was estimated for up to 38 AR-DRGs.

Error AR-DRGs

Error DRGs are the groups to which records containing clinically inconsistent or invalid information are assigned. Group 1 Error DRGs (901Z, 902Z and 903Z) are assigned when all the operating room procedures are unrelated to the MDC of the patient's principal diagnosis. Group 2 Error DRGs (961Z, 962Z and 963Z) are assigned when a principal diagnosis is coded which will not allow the patient to be assigned to a clinically coherent DRG. Group 3 Error DRG (960Z) is assigned when the principal diagnosis is invalid, or when other necessary information is incorrect or missing (DHAC 1998).

Table A3.12 provides information on Group 1 Error DRGs for the 10 operating room procedures with the highest number of separations, by hospital sector and state and territory. Table A3.13 provides information on Group 2 Error DRGs, for the 10 principal diagnoses with the highest number of separations, by hospital sector and state and territory. The procedures and principal diagnoses listed in Tables A3.12 and A3.13 are those which caused the separations to be assigned to a Group 1 Error DRG or Group 2 Error DRG respectively. A higher number of separations was assigned to Group 1 Error DRGs for public hospitals (54.3%, 5,830) than for private hospitals (45.7%, 4,897), while a lower number was assigned to Group 2 Error DRGs for public hospitals (43.1%, 497) than for private hospitals (56.9% 657).

Figure A3.2 shows Error DRGs as a percentage of all separations, by state and territory. Group 1 Error DRGs accounted for the highest proportion of separations assigned to Error

DRGs for all jurisdictions except for Victoria and Tasmania where Group 3 Error DRGs had the highest proportion. In all states and territories, except for New South Wales, Group 2 Error DRGs accounted for the lowest proportion of separations assigned to Error DRGs.

Medicare eligibility status

Data on Medicare eligibility status for admitted patients is presented in Table A3.14. These data have previously been presented with data on patient election status and funding source. For 2001–02, data on Medicare eligibility, patient election status and funding source were provided as separate data elements. This allowed the comparability of these data to be assessed in more detail than previously possible, and highlighted apparent inconsistencies in the way Medicare eligibility was reported among states and territories, in particular in relation to the funding source and patient election status data. Hence, the data on Medicare eligibility status has not been included in Tables 6.1 to 6.4 and 4.11 (where its removal means that the data by funding source can be presented more meaningfully), but is presented in this appendix instead. It has, however, been included in Table 6.5, to allow comparison of data on Medicare eligibility status, patient election status and funding source over time, as far as is possible (see Chapter 6 for further information).

Emergency occasions of service

There are a number of differences in the scope of the emergency occasions of service data between Chapter 2 (Tables 2.5 and 2.6), as reported to the National Public Hospital Establishments Database and in Chapter 4 (Table 4.13), as reported for the emergency department waiting times data collection.

For the National Public Hospital Establishments Database, patients who did not wait for treatment after having been registered and/or triaged are included by Victoria, Queensland, Western Australia, Tasmania and the Northern Territory, but not by other jurisdictions. For the emergency department waiting times data, patients who do not wait for treatment are excluded from the waiting times data for all states and territories but are included in the data on the number of patients seen for Queensland and the Australian Capital Territory.

The method of identifying subsequently admitted patients differed marginally for the emergency department waiting times data compared to the data provided for the National Public Hospital Establishments Database. For the emergency department waiting times data, the Australian Capital Territory was the only jurisdiction that matched the emergency department data with the admissions data to identify these patients. For the National Public Hospital Establishments Database data, Victoria, Western Australia and the Australian Capital Territory used this method.

In Victoria, people who present directly as emergency patients to Psychiatric Units and Alcohol and Drug Units were reported to the National Public Hospital Establishments Database as emergency occasions of service but were not reported to the emergency department waiting times data collection, as the scope of that collection is emergency departments.

New South Wales, South Australia and Queensland include patients who are not assigned a triage category in the data reported to the National Public Hospital Establishments Database. These are not included in the emergency department waiting times data.

Table A3.6: Number of separations, by Remoteness Area and RRMA of usual residence, by hospital sector, Australia, 2001–02

Region	Major cities of Australia	Inner regional	Outer regional	Total regional	Remote	Very remote	Total remote	Total all regions
Public hospitals								
Capital cities	2,204,859	103,733	23,623	127,356	661	33	694	2,332,909
Other metropolitan centres	218,466	28,122	24,119	52,241	0	0	0	270,707
<i>Total metropolitan</i>	<i>2,423,325</i>	<i>131,855</i>	<i>47,742</i>	<i>179,597</i>	<i>661</i>	<i>33</i>	<i>694</i>	<i>2,603,616</i>
Large rural centres	0	184,613	48,139	232,752	0	0	0	232,752
Small rural centres	11	207,493	78,065	285,558	5,343	0	5,343	290,912
Other rural areas	2,574	323,638	294,064	617,702	17,677	182	17,859	638,135
<i>Total rural</i>	<i>2,585</i>	<i>715,744</i>	<i>420,268</i>	<i>1,136,012</i>	<i>23,020</i>	<i>182</i>	<i>23,202</i>	<i>1,161,799</i>
Remote centres	0	0	23,970	23,970	33,602	4,324	37,926	61,897
Other remote areas	0	8	19,399	19,407	36,949	60,396	97,345	116,762
<i>Total remote</i>	<i>0</i>	<i>8</i>	<i>43,369</i>	<i>43,377</i>	<i>70,551</i>	<i>64,720</i>	<i>135,271</i>	<i>178,659</i>
Total^(a)	2,426,001	847,716	511,439	1,359,155	94,421	65,030	159,451	3,968,303
Private hospitals								
Capital cities	1,543,580	84,033	2,429	86,462	331	23	354	1,630,396
Other metropolitan centres	180,958	15,744	18,062	33,806	0	0	0	214,764
<i>Total metropolitan</i>	<i>1,724,538</i>	<i>99,777</i>	<i>20,491</i>	<i>120,268</i>	<i>331</i>	<i>23</i>	<i>354</i>	<i>1,845,160</i>
Large rural centres	0	135,437	26,960	162,397	0	0	0	162,397
Small rural centres	3	98,418	16,959	115,377	464	0	464	115,845
Other rural areas	8,881	152,040	89,359	241,399	5,293	52	5,345	255,628
<i>Total rural</i>	<i>8,884</i>	<i>385,895</i>	<i>133,278</i>	<i>519,173</i>	<i>5,757</i>	<i>52</i>	<i>5,809</i>	<i>533,870</i>
Remote centres	0	0	6,469	6,469	3,576	441	4,017	10,486
Other remote areas	0	4	5,517	5,521	8,837	5,117	13,954	19,489
<i>Total remote</i>	<i>0</i>	<i>4</i>	<i>11,986</i>	<i>11,990</i>	<i>12,413</i>	<i>5,558</i>	<i>17,971</i>	<i>29,975</i>
Total^(a)	1,733,505	485,743	165,788	651,531	18,520	5,663	24,183	2,426,189

(a) The totals include 40,672 separations for which a Remoteness Area could not be assigned due to invalid or missing geographical information or for overseas residents

Table A3.7: Hospitals^(a) and available beds by Remoteness Area and RRMA of the hospital, public acute and psychiatric hospitals, Australia, 2001–02

	Remoteness area							Total all regions
	Major cities of Australia	Inner regional	Outer regional	Total regional	Remote	Very remote	Total remote	
Hospitals								
Capital cities	148	10	1	11	1	n.a.	1	160
Other metropolitan centres	17	5	3	8	n.a.	n.a.	n.a.	25
<i>Total metropolitan</i>	165	15	4	19	1	n.a.	1	185
Large rural centres	1	24	5	29	n.a.	n.a.	n.a.	30
Small rural centres	1	34	11	45	1	n.a.	1	47
Other rural areas	0	119	177	296	27	1	28	324
<i>Total rural</i>	2	177	193	370	28	1	29	401
Remote centres	n.a.	n.a.	11	11	14	2	16	27
Other remote areas	n.a.	n.a.	17	17	49	67	116	133
<i>Total remote</i>	n.a.	n.a.	28	28	63	69	132	160
Total all regions	167	192	225	417	29	70	99	683
Beds								
Capital cities	28,429	792	297	1,089	2	n.a.	2	29,520
Other metropolitan centres	2,831	303	444	747	n.a.	n.a.	n.a.	3,578
<i>Total metropolitan</i>	31,260	1,095	741	1,836	2	n.a.	2	33,098
Large rural centres	14	3,710	522	4,232	n.a.	n.a.	n.a.	4,246
Small rural centres	36	2,565	1,012	3,577	50	n.a.	50	3,663
Other rural areas	0	3,200	4,133	7,333	422	6	428	7,761
<i>Total rural</i>	50	9,475	5,667	15,142	472	6	478	15,670
Remote centres	n.a.	n.a.	327	327	613	11	624	951
Other remote areas	n.a.	n.a.	260	260	709	771	1,480	1,740
<i>Total remote</i>	n.a.	n.a.	587	587	1,322	782	2,104	2,691
Total all regions	31,310	10,570	6,995	17,565	1,796	788	2,584	51,459

(a) Apparent differences in the number of hospitals reported are, in many instances, caused by changes in administrative or reporting arrangements rather than by actual differences in the number of buildings. See Appendix 4 for further information.

n.a. not applicable

Table A3.8: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis^(a) and data for excluded hospitals, states and territories, 2001–02

Variable	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total separations ('000)	1,201	1,061	667	319	336	76	62	63	3,786
Total patient days ('000)	4,499	3,871	2,253	1,123	1,224	289	214	206	13,681
Acute separations^(b)									
Separations ('000)	1,175	1,028	641	314	328	75	61	63	3,685
Patient days ('000)	4,133	3,165	1,967	999	1,060	260	198	196	11,978
Acute care psychiatric separations^(c)									
Separations ('000)	23	18	21	6	6	3	1	1	80
Average cost weight ^(d)	1.50	2.24	1.78	1.86	1.96	1.53	1.88	1.65	1.81
Patient days ('000)	222	277	199	76	72	24	15	7	892
Acute care non-psychiatric separations									
Separations ('000)	1,152	1,010	620	307	322	72	59	62	3,605
Patient days ('000)	3,911	2,888	1,768	923	988	236	183	190	11,086
Separations other than acute									
Rehabilitation separations ('000)	17.4	21.6	17.5	2.5	1.9	0.6	0.6	0.6	62.7
Patient days ('000)	231.8	381.5	124.0	63.3	26.0	15.6	10.0	4.1	856.3
Palliative care separations ('000)	3.5	3.0	3.3	0.6	1.2	0.0	0.0	0.0	11.5
Patient days ('000)	33.7	44.1	26.8	6.2	14.1	0.2	0.2	0.4	125.6
Geriatric evaluation and management separations ('000)	0.7	6.5	0.4	0.0	0.0	0.0	0.0	0.0	7.6
Patient days ('000)	9.1	198.3	4.7	0.1	0.1	0.0	0.7	0.0	213.1
Psychogeriatric separations	0.2	0.0	0.2	0.5	0.1	0.0	0.0	0.0	1.1
Patient days ('000)	4.1	0.0	4.7	20.1	74.4	0.0	0.0	0.0	103.4
Maintenance separations ('000)	4.1	0.0	4.1	1.3	0.9	0.4	0.2	0.3	11.3
Patient days ('000)	82.9	0.0	124.5	35.1	29.7	13.5	5.5	4.5	295.8
Other separations ('000)	0.5	2.0	0.2	0.0	4.0	0.0	0.0	0.1	6.8
Patient days ('000)	4.5	82.5	0.8	0.0	20.0	0.0	0.1	0.6	108.6
Total separations other than acute									
Separations ('000)	26.4	33.1	25.6	4.9	8.1	1.1	0.8	1.0	100.9
Patient days	366.1	706.4	285.5	124.8	164.3	29.4	16.6	9.7	1,702.6
Psychiatric separations^(c)									
Separations ('000)	23	18	22	7	6	3	1	1	82
Patient days ('000)	227	277	226	100	89	24	15	7	965
Data for excluded hospitals^(e)									
Separations for excluded hospitals ('000) ^(b)	59	28	28	34	26	3	2	0	180
Per cent of all separations (%)	4.7	2.6	4.0	9.6	7.3	4.0	2.5	n.a.	4.5
Expenditure for excluded hospitals (\$m)	570	211	201	206	179	32	2	n.a.	1,401
Inpatient fraction for excluded hospitals	0.77	0.58	0.72	0.77	0.91	0.65	1.00	n.a.	0.75
Unadjusted cost per separation	7,520	4,270	5,191	4,731	6,205	6,724	1,042	n.a.	5,850

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpose services are excluded from this table, as are some small hospitals with incomplete expenditure information. See Appendix 4 for further

(b) Includes same day separations, acute and unspecified care type separations and episodes of newborn care with qualified days.

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2000–01 AR-DRG v 4.1 cost weights (DHA 2002). An updated version of this table based on 2001–02 AR-DRG v 4.2 cost weights will be

(e) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpose services. See Appendix 4 for further information.

n.a. not applicable.

Table A3.9: Cost per acute casemix-adjusted separation, subset of selected public acute hospitals,^(a) New South Wales, Victoria, Western Australia and Tasmania 2001–02

Variable	NSW	Vic	WA	Tas
Total separations ('000)	1,201	650	272	76
Total patient days ('000)	4,499	2,351	922	289
Acute separations ('000) ^(b)	1,175	631	270	75
Acute patient days ('000) ^(b)	4,133	1,888	862	260
Proportion of separations acute	97.8%	97.1%	99.0%	98.6%
Proportion of patient days acute	91.9%	80.3%	93.5%	89.8%
Total recurrent expenditure (\$m)				
Subset hospitals	5,287	2,598	1,210	340
Hospitals in Table 4.1	5,287	4,307	1,399	340
Proportion	100%	60%	86%	100%
Total admitted patient expenditure (\$m)				
Subset hospitals	3,629	1,897	821	245
Hospitals in Table 4.1	3,629	3,097	970	245
Proportion	100.0%	61.3%	84.7%	100.0%
Total separations ('000)				
Subset hospitals	1,201	650	272	76
Hospitals in Table 4.1	1,201	1,061	319	76
Proportion	100.0%	61.2%	85.3%	100.0%
Costs relating to acute care separations				
Average cost weight ^(e)	1.050	0.913	1.003	1.064
Casemix-adjusted acute separations ('000)	1,234	576	270	80
Acute IFRAC ^(d)	0.645	0.661	0.660	0.685
Total acute patient recurrent expenditure (\$m)	3,412	1,716	799	233
Cost per casemix-adjusted acute separation^(f)	2,890	3,058	3,033	3,000
Cost per total casemix-adjusted separation (from Table 4.1)	3,010	3,117	3,180	3,118
Cost per total casemix-adjusted separation on subset of hospitals	3,010	3,287	3,090	3,118
Percentage this exceeds cost per acute separation for subset hospitals	4.0%	7.0%	1.8%	3.8%
Cost of not acute separations in subset (\$m)				
Per separation (\$)	217	181	23	12
Per patient day (\$)	8,244	9,578	8,715	11,823
Per patient day (\$)	594	391	385	424

(a) Excludes psychiatric, mothercraft, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multi-purpose services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1000 not acute patient days were recorded.

(b) From the National Hospital Morbidity Database. Details of acute separations and patient days and non-acute separations and patient are presented in Table A4.1.

(c) Acute separations are separations where the care type is acute, newborn with qualified days, or unspecified.

(d) The acute IFRAC is that portion of recurrent costs which are for acute admitted patients.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2000–01 AR-DRG version 4.1 cost weights (DHA 2002). An updated version of this table based on 2001–02 AR-DRG v 4.2 cost weights will be made available on the Internet when available.

(f) Includes adjustment for private patient medical costs: \$125 for New South Wales, \$77 for Victoria, \$76 for Western Australia and \$79 for Tasmania.

Table A3.10: Cost per acute non-psychiatric casemix-adjusted separation, subset of selected public acute hospitals, ^(a) New South Wales, Victoria and Western Australia 2001–02

Variable	NSW	Vic	WA
Total separations ('000)	1,201	650	272
Total patient days ('000)	4,499	2,351	922
Acute non psychiatric separations ('000) ^(b)	1,152	619	265
Acute non psychiatric patient days ('000) ^(b)	3,911	1,720	819
Proportion of separations acute	95.9%	95.3%	97.5%
Proportion of patient days acute	86.9%	73.1%	88.8%
Total recurrent expenditure (\$m)			
Subset hospitals	5,287	2,598	1,210
Hospitals in Table 4.1	5,287	4,307	1,399
Proportion	100%	60%	86%
Total admitted patient expenditure (\$m)			
Subset hospitals	3,629	1,897	821
Hospitals in Table 4.1	3,629	3,097	970
Proportion	100.0%	61.3%	84.7%
Total separations ('000)			
Subset hospitals	1,201	650	272
Hospitals in Table 4.1	1,201	1,061	319
Proportion	100.0%	61.2%	85.3%
Costs relating to acute non-psychiatric separations			
Average cost weight ^(e)	1.050	0.913	1.003
Casemix-adjusted acute non-psychiatric separations ('000)	1,210	565	266
Acute non-psychiatric IFRAC ^(d)	0.625	0.610	0.641
Total acute non-psychiatric patient recurrent expenditure (\$m)	3,305	1,586	775
Cost per casemix-adjusted acute non-psychiatric separation^(f)	2,887	2,962	3,028
Cost per total casemix-adjusted separation (from Table 4.1)	3,010	3,117	3,180
Cost per total casemix-adjusted separation on subset of hospitals	3,010	3,287	3,090
Percentage this exceeds cost per acute non-psychiatric separation for subset hospitals	4.1%	9.9%	2.0%
Cost of not acute non-psychiatric separations in subset (\$m)	324	312	46
Per separation (\$)	6,566	10,153	6,866
Per patient day (\$)	551	493	449

(a) Excludes psychiatric, mothercraft, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multi-purpose services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,200 acute separation patient days were

(b) From the National Hospital Morbidity Database. Details of acute separations and patient days and non-acute separations and patient are presented in Table A4.1.

(c) Acute separations are separations where the care type is acute, newborn with qualified days, or unspecified. Psychiatric separations are those with psychiatric care days.

(d) The acute IFRAC is that portion of recurrent costs which are for acute admitted patients.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2000–01 AR-DRG version 4.1 cost weights (DHA 2002). An updated version of this table based on 2001–02 AR-DRG v 4.2 cost weights will be made available on the Internet when available.

(f) Includes adjustment for private patient medical costs: \$131 for New South Wales, \$81 for Victoria and \$80 for Western Australia.

Table A3.11: Count of AR-DRGs v 4.2 contributing to Relative stay index, by sector, and medical/surgical/other type of AR-DRG, states and territories, 2001-02

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	638	639	637	635	635	625	619	575	639
Medical	332	333	332	332	332	330	328	317	333
Surgical	275	275	275	273	272	265	262	233	275
Other	31	31	30	30	31	30	29	25	31
Private hospitals	617	624	625	612	610	595	535	..	632
Medical	324	326	327	320	321	321	286	..	332
Surgical	263	269	268	265	262	246	225	..	270
Other	30	29	30	27	27	28	24	..	30
All hospitals	638	639	637	635	635	625	619	575	639
Medical	332	333	332	332	332	330	328	317	333
Surgical	275	275	275	273	272	265	262	233	275
Other	31	31	30	30	31	30	29	25	31

.. not available

Table A3.12: Separations for Group 1 Error AR-DRGs for the 10 procedures^(a) with the highest number of separations,^(b) by hospital sector, states and territories, 2001–02

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
41892-00 Bronchoscopy with biopsy	92	79	58	23	33	6	2	4	297
30224-01 Percutaneous drainage of intra-abdominal abscess, haematoma or cyst	103	61	24	46	23	0	0	2	273
35309-06 Percutaneous transluminal balloon angioplasty with stenting, single stent	96	58	26	31	21	2	0	0	235
35321-00 Transcatheter embolisation of blood vessel	61	34	38	19	21	1	8	0	182
41898-01 Fiberoptic bronchoscopy with biopsy	20	59	38	5	8	0	0	6	140
35640-00 Dilatation & curettage of uterus [D&C]	48	31	9	18	13	1	0	3	124
45519-00 Revision of burn scar or burn contracture	39	17	19	15	16	10	3	0	120
35303-06 Percutaneous transluminal balloon angioplasty	56	23	12	10	7	0	0	0	112
37203-00 Transurethral resection of prostate [TURP]	37	32	1	12	10	1	0	0	97
42503-00 Ophthalmological examination under general anaesthesia	25	27	14	3	11	0	0	0	81
Other procedures	1,390	1,165	568	604	340	42	43	85	4,237
Total^(c)	1,926	1,580	794	780	503	73	74	100	5,830
Private hospitals									
35309-06 Percutaneous transluminal balloon angioplasty with stenting, single stent	21	76	30	46	14	1	0	..	184
41892-00 Bronchoscopy with biopsy	86	23	21	17	31	3	3	..	149
31000-00 Microscopically controlled serial excision of tumour of skin	20	0	55	0	10	0	0	..	126
30224-01 Percutaneous drainage of intra-abdominal abscess, haematoma or cyst	45	0	19	0	62	0	0	..	125
35640-00 Dilatation & curettage of uterus [D&C]	19	41	20	16	21	5	0	..	125
37203-00 Transurethral resection of prostate [TURP]	47	0	19	0	9	0	0	..	116
14215-00 Revision of gastric band	14	41	32	6	0	5	0	..	88
42702-04 Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with insertion of foldable artificial lens	5	54	16	2	0	5	0	..	85
41898-01 Fiberoptic bronchoscopy with biopsy	28	23	11	9	5	9	0	..	68
35303-06 Percutaneous transluminal balloon angioplasty	4	17	27	6	0	1	0	..	67
Other procedures	1,088	921	788	552	383	70	32	..	3,834
Total^(c)	1,328	1,211	1,013	643	554	107	41	..	4,897

(a) These are operating room procedures which could cause the separation to be assigned to a Group 1 Error DRG.

(b) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported

(c) As more than one procedure can be reported for each separation, the totals are not the sums of rows of the table.
.. not available.

Table A3.13: Separations for Group 2 Error AR-DRGs for the 10 principal diagnoses^(a) with the highest number of separations,^(b) by hospital sector, states and territories, 2001-02

Principal diagnosis	NSW										Total
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total		
	Public hospitals										
Z91.5 Personal history of self-harm	100	0	0	0	0	0	0	0	1	101	
Z87.12 Personal history of colonic polyps	43	0	0	0	0	0	0	0	3	46	
Z51.5 Palliative care	38	0	0	0	0	0	2	2	1	41	
P07.3 Other preterm infants	19	3	2	4	7	1	2	2	1	39	
O80 Single spontaneous delivery	20	0	0	0	7	0	0	0	2	29	
S61.81 Open wound (of any part of wrist and hand) communicating with a fracture	11	0	10	0	0	0	0	0	0	21	
Z85.0 Personal history of malignant neoplasm of digestive organs	17	0	0	0	0	0	0	0	0	17	
S91.81 Open wound (of any part of ankle and foot) communicating with a fracture	2	0	11	0	0	0	0	0	0	13	
P07.2 Extreme immaturity	4	4	0	1	0	0	1	1	0	10	
S81.81 Open wound (of any part of lower leg) communicating with a fracture	3	0	4	0	0	0	1	1	0	8	
Other	130	2	20	10	2	2	0	0	6	172	
Total	387	9	47	15	16	3	6	6	14	497	
	Private hospitals										
Z87.12 Personal history of colonic polyps	208	0	0	0	0	0	0	0	..	208	
O09.1 Duration of pregnancy 5-13 completed weeks	119	0	0	0	0	0	0	0	..	119	
Z85.0 Personal history of malignant neoplasm of digestive organs	80	0	0	0	0	0	0	0	..	80	
P07.3 Other preterm infants	33	5	0	6	0	2	1	1	..	47	
Z87.18 Personal history of other digestive system disease	30	0	0	0	0	0	0	0	..	30	
Z87.11 Personal history of peptic ulcer disease	29	0	0	0	0	0	0	0	..	29	
Z87.10 Personal history of unspecified digestive disease	20	0	0	0	0	0	0	0	..	20	
O80 Single spontaneous delivery	18	0	0	0	0	0	1	1	..	19	
Z51.5 Palliative care	8	0	0	0	0	4	0	0	..	12	
P07.2 Extreme immaturity	9	0	0	1	0	0	0	0	..	10	
Other	65	5	5	0	1	7	0	0	..	83	
Total	619	10	5	7	1	13	2	2	..	657	

(a) These are principal diagnoses which could cause the separation to be assigned to a Group 2 Error DRG.

(b) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported. .. not available.

Table A3.14: Separations, by Medicare eligibility status and hospital sector, states and territories, 2001-02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
				Public hospitals						
Medicare eligible	1,255,140	1,086,017	693,747	351,514	361,913	79,386	61,532	63,090	3,952,339	
Not Medicare eligible	8,367	3,847	974	770	421	101	413	392	15,285	
Medicare eligibility not reported	210	0	0	475	0	0	0	0	685	
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309	
				Private hospitals						
Medicare eligible	689,699	579,417	563,330	264,459	197,705	70,649	23,193	..	2,388,452	
Not Medicare eligible	2,776	419	4,782	558	65	43	8,643	..	8,643	
Medicare eligibility not reported	67	0	24,962	115	0	0	3,950	..	29,094	
Total	692,542	579,836	593,074	265,132	197,770	70,692	35,786	..	2,426,189	
				All hospitals						
Medicare eligible	1,944,839	1,665,434	1,257,077	615,973	559,618	150,035	84,725	63,090	6,340,791	
Not Medicare eligible	11,143	4,266	5,756	1,328	486	144	9,056	392	23,928	
Medicare eligibility not reported	277	0	24,962	590	0	0	3,950	0	29,779	
Total	1,956,259	1,669,700	1,287,795	617,891	560,104	150,179	97,731	63,482	6,394,498	

Note: There is some variation between jurisdictions in the reporting of Not Medicare eligible and Medicare eligibility not reported.
 .. not available

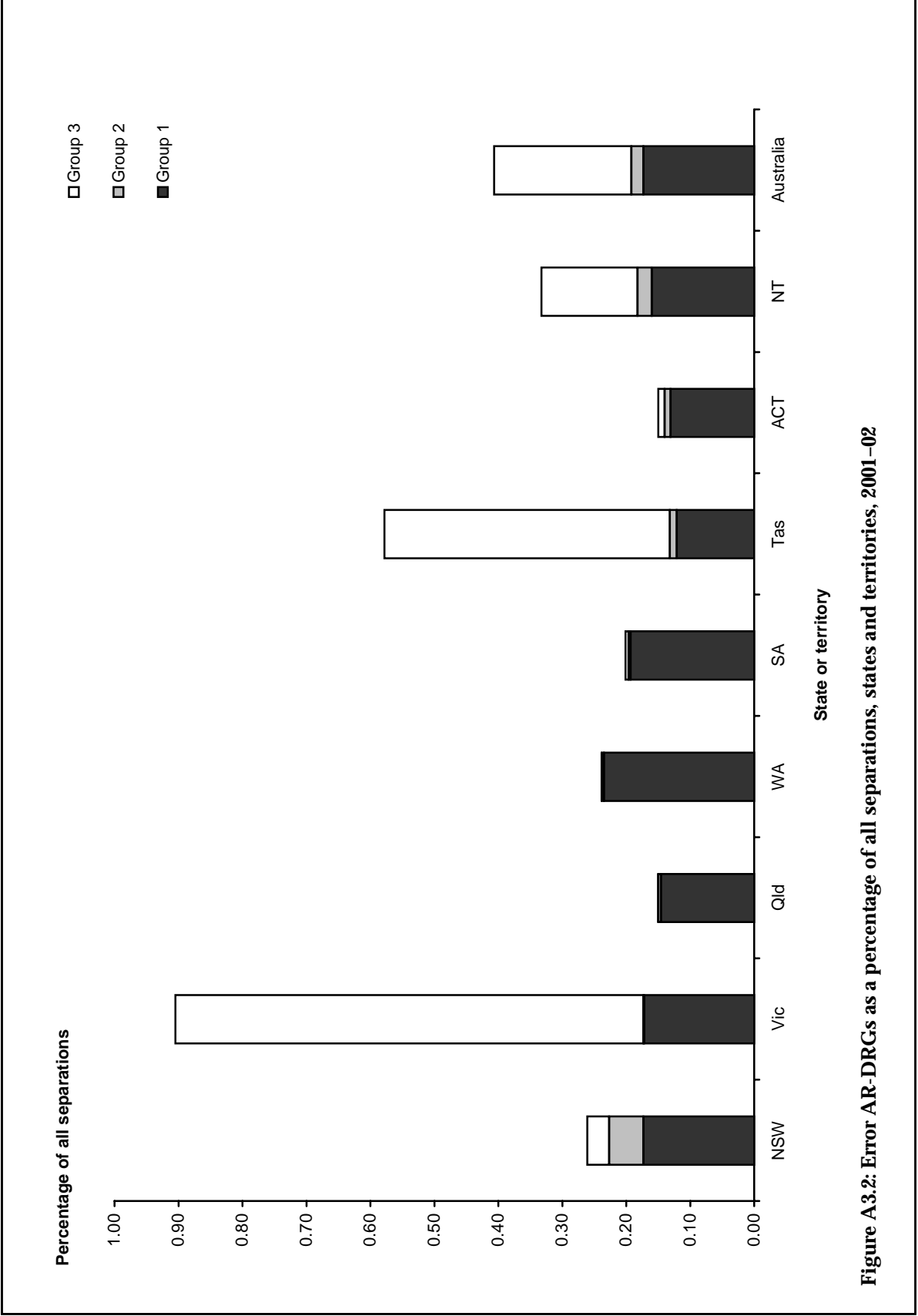


Figure A3.2: Error AR-DRGs as a percentage of all separations, states and territories, 2001-02

Appendix 4: Hospitals contributing to this report and public hospital peer groups

Introduction

This appendix includes information on the public and private hospitals contributing to the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection and the Emergency Department Waiting Times Data Collection. Also included is information on the coverage of private hospitals in the National Hospital Morbidity Database that can assist interpretation of the data on private hospital activity.

The entities that are reported as hospitals in the databases and in this report vary, depending on the type of information being reported. Explanatory information is therefore included on this variation, with a summary table on the counts of public hospitals presented for different analyses.

Information on the public hospital peer group classification used in Chapters 2, 4 and 5 is also included.

Throughout this report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category.
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category.
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category.
- all private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

The National Hospital Morbidity Database

The National Hospital Morbidity Database includes data relating to admitted patients from almost all hospitals: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories). In addition, for 2001–02, data were not supplied for a mothercraft hospital in the Australian Capital Territory.

Within the private sector, data were not provided for 2001–02 for all private free-standing day hospital facilities in the Australian Capital Territory, and the private hospital and the private free-standing day hospital facility in the Northern Territory. For Victoria, data were not provided for 5 free-standing day hospital facilities and 3 other hospitals, and some other private hospitals were not able to submit complete data. Victoria reports that their private hospital separations were therefore underestimated by up to 9%. For South Australia, data were not available for one private free-standing day hospital facility and were missing for January 2002 for another. Data were also missing for February to June 2002 for one private hospital (non-day only) and for January 2002 for another private hospital in South Australia.

Table A4.1 summarises this coverage information by state and territory and by hospital sector, and tables accompanying this report on the Internet at <http://www.aihw.gov.au> list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2001–02 (Tables A4.2 and A4.3). For public hospitals, also included in the Internet tables is information on their average available bed numbers, their peer group (see below) and the Statistical Local Area and remoteness area of their location. With the list of private hospitals is information on whether each was a private free-standing day hospital facility.

Table A4.1: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2001–02

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Complete	Complete	Incomplete	Incomplete
Qld	Complete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Incomplete	Incomplete
Tas	Complete	Complete	Complete	Complete
ACT	Incomplete	Not applicable	Not included	Complete
NT	Complete	Not applicable	Not included	Not included

Note: Complete—all facilities in this sector reported data to the National Hospital Morbidity Database. Incomplete—some facilities in this sector for this state or territory did not provide data to the National Hospital Morbidity Database. See text for more details. Not included—there are facilities in this sector for this state or territory, however, no data were provided. Not applicable—there are no facilities in this sector for this state or territory.

Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations presented in this report are likely to be underestimates of the actual counts. Over recent years, there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics' Private Health Establishments Collection (ABS 2002) (Table A4.4). The latter collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing. In 2000–01, the difference was 81,758 separations (3.5%).

Table A4.4: Differences between private hospital separations reported to the National Hospital Morbidity Database and the ABS' Private Health Establishments Collection, 1993-94 to 2000-01

Year	Private free-standing day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
1993-94	..	..	..	..	119,554	8.3
1994-95	..	..	..	..	76,274	5.0
1995-96	..	..	..	..	83,619	5.0
1996-97	4,868	2.2	75,850	4.9	80,718	4.6
1997-98	23,662	8.7	40,369	2.5	64,031	3.4
1998-99	40,980	13.6	69,961	4.2	110,941	5.6
1999-00	68,907	19.7	53,247	3.0	122,154	5.7
2000-01	..	..	..	..	81,758	3.5

Note: For 2000-01, the type of private hospital establishment was unspecified for all Tasmanian private hospitals reporting to the National Hospital Morbidity Database. Therefore the total difference is less than the sum of the differences for private free standing day hospital facilities and other private hospitals.

.. not available.

Source for private hospital data: ABS, unpublished Private Health Establishments Collection data.

These discrepancies may have been due to the use of differing definitions or different interpretations of definitions, or differences in the quality of the data provided for different purposes. It is also likely to reflect the omission of some private hospitals from the National Hospital Morbidity Database and also some separations for some private hospitals that were otherwise included in the database.

At the time of publication of this report, Private Health Establishments Collection data for 2001-02 were not available. When they become available, an estimate will be made of under-enumeration of separations in the National Hospital Morbidity Database for 2001-02, by comparing it with the 2001-02 Private Health Establishments Collection data. This estimate will be included with *Australian Hospital Statistics 2001-02* on the Internet.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories) are not included. Corrections Health in New South Wales was not included for 2001-02, although it had been included in previous years. Public hospitals are categorised by the Institute into peer groups, as described below.

Table A4.2 accompanying this report on the Internet at <http://www.aihw.gov.au> lists the public hospitals that contributed to the National Public Hospital Establishments Database for 2001-02. Also included is information on their average available bed numbers, their peer group and the Statistical Local Area and Remoteness Area of their location.

The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals only. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included, however, some are not. Based on the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection, national coverage was about 81%, and ranged from 100% in the Australian Capital Territory and the Northern Territory, to about 61% in South Australia (Table 5.2). Coverage was highest for the *Principal referral and specialist women's and children's* peer group hospitals at about 100%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

Tables 5.1 and 5.2 provide further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.2 accompanying this report on the Internet at <http://www.aihw.gov.au>) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2001–02.

The Emergency Department Waiting Times Data Collection

The Emergency Department Waiting Times Data Collection covers public acute hospitals only. Private hospitals are not included except for one Private hospital in Tasmania that provides services to public patients under contract arrangements.

Based on a comparison with the number of non-admitted patient occasions of service for accident and emergency reported to the National Public Hospital Establishments Database, national coverage was about 64% and ranged from 42% in Western Australia to 100% in the Australian Capital Territory and the Northern Territory (Table 4.14). Coverage was highest for the *Principal referral and specialist women's and children's* peer group hospitals at about 97%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

Table 4.14 provides further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.2 accompanying this report on the Internet at <http://www.aihw.gov.au>) includes information on which hospitals were also included in the Emergency Department Waiting Times Data Collection for 2001–02.

Counting public hospitals

Different counts of hospitals are used in this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection and the Emergency Department Waiting Times Data Collection. In summary, three counts of hospitals are used:

- In Chapter 2 and Chapter 3, and in the table on emergency department waiting times in Chapter 4 (Table 4.13), hospitals are counted generally as they were reported to the National Public Hospital Establishments Database. These entities are generally 'physical hospitals' (buildings or campuses) but can include some outposted locations such as dialysis units. Conversely, however, hospitals on the one 'campus' can be reported as separate entities to this Database if, for example, they are managed separately and have separate purposes, such as specialist women's services, and specialist children's services. Although most of the hospitals counted in this way report separations to the National Hospital Morbidity Database, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Tables 4.2 and 4.3), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the National Public Hospital Establishments Database with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were only available for these networks, so the networks are the entities counted as hospitals for those jurisdictions for these tables.
- In Chapter 5 (on elective surgery waiting times), hospitals are counted generally if they report as separate entities to the National Elective Surgery Waiting Times Data Collection and/or the National Hospital Morbidity Database. Almost all public hospitals are reported in the same way to these two databases and, since the coverage estimates are based on data from the National Hospital Morbidity Database, some very minor adjustment is made to ensure that the counts of hospitals align completely. In these databases, reporting entities are more likely to represent physical campuses than in the National Public Hospital Establishments Database (with, for example, outposted units reported as separate hospitals). Hospitals are not included if they did not report separations for 2001–02.

A summary of the counts of public hospitals reported in this publication is presented in Table A4.5.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements rather than changes in the number of hospital campuses or buildings.

Table A4.5: Numbers of public hospitals reported in this publication, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Chapter 2, Chapter 3 and Table 4.13	218	144	181	89	80	26	3	5	746
Tables 4.2 and 4.3 (with expenditure data)	217	93	179	86	75	25	3	5	683
Table 5.1 (reporting hospital morbidity/elective surgery waiting times data)	221	144	157	89	80	25	2	5	723

Counts of private hospitals can also vary, depending on the source of the information. Thus, there may be discrepancies between counts of private hospitals from the Australian Bureau of Statistics' Private Health Establishments Collection presented in Table 2.1 and the lists of private hospitals contributing to the National Hospital Morbidity Database. The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

Public hospital peer groups

The Australian Institute of Health and Welfare worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activities, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A4.6, and the method used to assign the categories is summarised in Figure A4.1. Details of the derivation of the peer groups are in Appendix 11 of *Australian Hospital Statistics 1998–99* (AIHW 2000a). In a minor adjustment to the methodology, the RRMA classification was replaced by the Remoteness Area classification for the geographical component of the peer grouping (see Appendix 3). In short, the Remoteness Area category Major Cities of Australia replaced the RRMA metropolitan zone, The Remoteness Area categories Inner regional and Outer regional replaced the RRMA Rural Zone, and the Remoteness Area Remote and Very remote categories replaced the RRMA Remote Zone in the peer group classification.

This change affected 19 hospitals, 10 in Queensland, 5 in South Australia, 2 in New South Wales and one each in Western Australia and Tasmania. 6 hospitals changed from *Small remote* to *Small rural acute*, 2 hospitals changed from *Unpeered and other* to *Small rural acute*, 5 hospitals changed from *Small rural acute* to *Small remote*, one hospital changed from *Medium group 2* to *Small remote*, One hospital changed from *Large regional and remote* to *Medium Group 1* and one hospital changed from *Large Metropolitan* to *Large regional and remote*.

The flow chart (Figure A4.1) is used for assignment of peer groups for almost all hospitals. However, a very small number are assigned without using this logic, usually in special circumstances such as the opening or closing of a hospital during the year. These 'manual' assignments of peer groups for 2001–02 are noted in Table A4.2.

Table A4.6: Public hospital peer group classification^(a)

Peer group	Sub-group	Definition
Principal referral and specialist women's & children's	Principal referral	Major city hospitals with >20,000 acute casemix-adjusted separations and Regional hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Major city	Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Regional and remote	Regional acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and remote hospitals with >5,000 casemix-adjusted separations.
Medium hospitals	Group 1	Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.
	Group 2	Medium acute hospitals in Regional and Major city areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Regional	Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	Small remote hospitals (<5,000 acute casemix-adjusted separations but not 'Multi-purpose services' and not 'Small non-acute'). Most are <2,000 separations.
Sub-acute and non-acute hospitals	Small non-acute	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	
	Hospices	
	Rehabilitation	
	Mothercraft	
Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care with a small number of acute patients	
Un-peered and other hospitals		Prison medical services, special circumstance hospitals, Major city hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations, etc.
Psychiatric hospitals		

(a) Only the peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in Chapter 4.

Selected characteristics of the hospitals assigned to each peer group for 2001–02 are presented in Table 4.2 (at a national level) and in Table 4.3 (for each state and territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see Appendix 6), emergency department waiting times data in Chapter 4 and elective surgery waiting times data in Chapter 5.

The peer group to which each public hospital was assigned for 2001–02 is included in Table A4.2. In some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data or those defined for counts of hospitals presented in Chapters 2 and 3. In these cases, their peer groups may also differ, and these differences are indicated in Table A4.2.

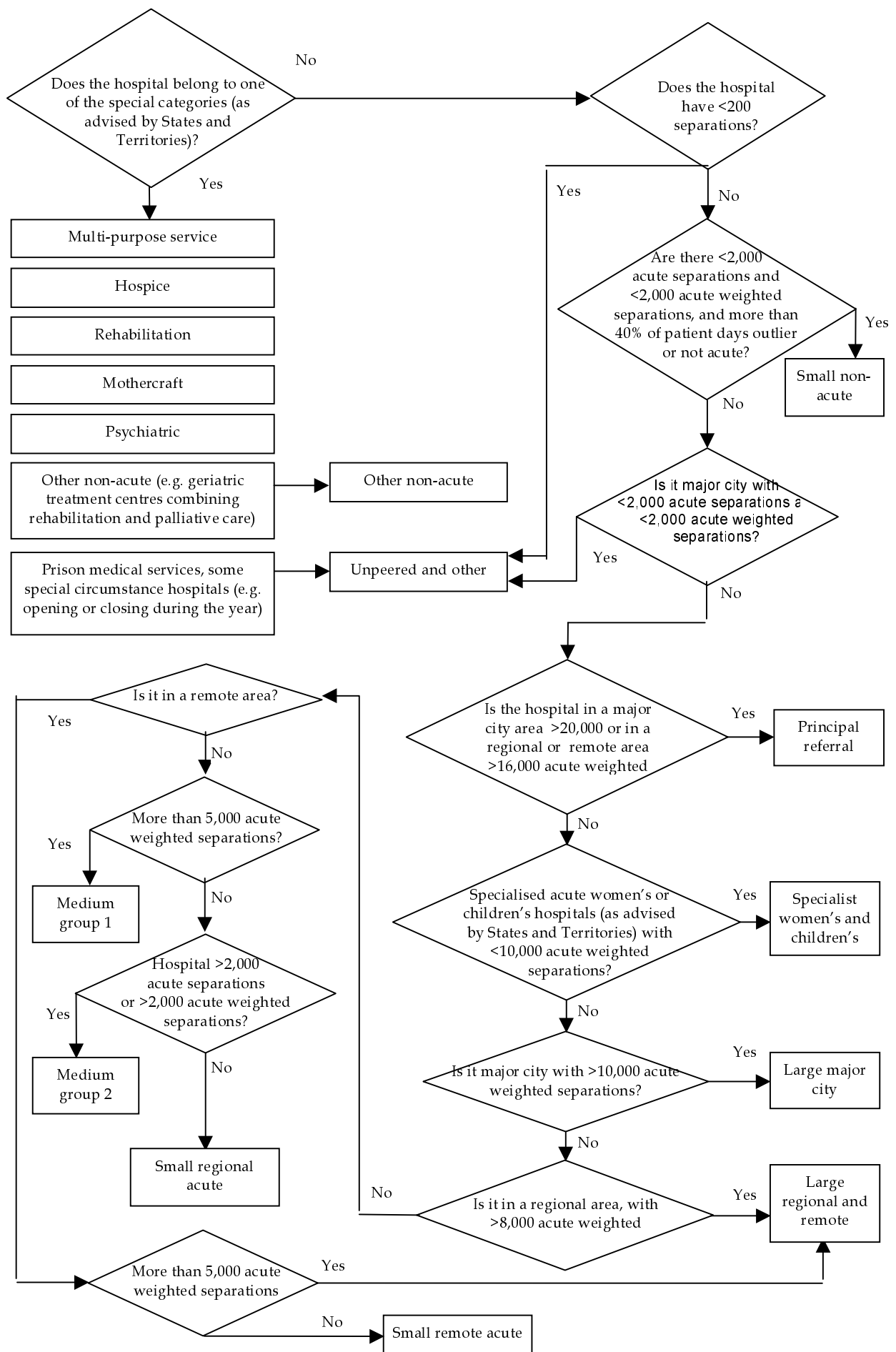


Figure A4.1: Flow chart for assignment of public hospital peer groups

Appendix 5: Service Related Groups

Introduction

The Service Related Group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorise admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist the planning of services, in analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. For this purpose the AR-DRG system was not considered appropriate as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)* were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD chapters, MDCs and SRGs.

Procedure	ICD chapter	MDC	SRG
Extraction of wisdom teeth	Diseases of Digestive system	MDC 3 ENT	Dentistry
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of Digestive system	MDC 6 Digestive System	Gastroenterology
Excision of haemorrhoids	Diseases of Digestive system	MDC 6 Digestive System	Colorectal surgery

Based on methodology originally developed by the New South Wales Department of Health, the Commonwealth Department of Health and Ageing (DHA) developed the Specialist Service Related Group (SSRG) classification. These are largely aggregations of version 4.2 AR-DRG information. However, assignment of some separations to SSRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SSRG categories according to the type of care because the main service type of these separations cannot be ascertained from their diagnoses or procedures. Error DRGs become unallocated SRGs. The classification also incorporates non-specialist SRGs (NSSRGs), which are an aggregation of the SSRGs (into categories such as other non-specialty surgery) and are used for smaller hospitals that do not have the specialist services or specialist equipment.

There are 50 SRGs, 127 SSRGs and 122 NSSRGs. NSSRGs have the same definitions as SSRGs with the following exceptions:

- SSRG 469 (*Other neurosurgery*) is assigned NSSRG 495 (*Other orthopaedics-surgical*) for AR-DRG equal to I68 (*Cerebrovascular disorders in diseases classified elsewhere*).
- SSRG 469 (*Other neurosurgery*) is assigned NSSRG 549 (*Other non-specialty surgery*) for AR-DRG not equal to I68.

- SSRG 421 (*Coronary bypass*) is assigned NSSRG 549 for all records.
- SSRG 429 (*Other cardiothoracic surgery*) is assigned NSSRG 549 for all records.
- SSRG 461 (*Head injuries*) is assigned NSSRG 549 for all records.
- SSRG 462 (*Craniotomy*) is assigned NSSRG 549 for all records.
- SSRG 751 (*Perinatology*) is assigned NSSRG 731 (*Qualified neonates*).

Table A5.1 contains the list of all SRGs, with corresponding SSRG and NSSRG classifications. Note that the first two numbers of the SSRG/NSSRG classification relate to the broader SRG classification. More information relating to SRGs, including the algorithm for assigning SRGs can be obtained from the Commonwealth Department of Health and Ageing.

For this Appendix, hospitals were assigned to the SSRG or NSSRG classification depending on whether or not they had a specialist Neurosurgery, Perinatology or Cardiothoracic unit, as appropriate, as reported to the National Public Hospital Establishments Database (see Chapter 3). SSRGs and NSSRGs were allocated using the data in the National Hospital Morbidity Database.

State and territory overview

Tables A5.2 and A5.3 contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Dialysis* (SRG 23) had the largest number of separations in public hospitals, with 539,494, followed by *Obstetrics* (SRG 72), with 264,739. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations, with 343,655, followed by *Orthopaedics* (SRG 49), with 234,801.

Tables A5.4 and A5.5 summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Geriatric* (SRG 85) recorded the highest number of patient days, with 1,225,161, and *Orthopaedics* (SRG 49) recorded the highest in the private sector, with 782,760 patient days.

Table A5.6 contains the number of establishments with more than 50 separations in each SRG by state and territory for public hospitals only. This has been included as an indicative measure of the number of specialty units. *Non-subspecialty medicine* (SRG 27) and *Non-subspecialty surgery* (SRG 54) had the greatest number of establishments with more than 50 separations at 429 and 407 respectively.

For confidentiality, the statistics for some blocks in the private sector have been suppressed. The information was suppressed if there were fewer than 50 private hospital separations reported for the SRG and there were fewer than three reporting units (hospitals, or states or territories where the hospitals were not individually identified), or there were three reporting units and one contributed more than 85% of the total separations, or two contributed more than 90% of the separations for the SRG.

Table A5.1: Service Related Groups with associated Specialist Service Related Groups and Non-specialist Service Related Groups

Service Related Group	Specialist Service Related Group	Non-specialist Service Related Group
11 Cardiology	111 Chest pain 112 Unstable angina 113 Heart failure and shock 114 Non-major arrhythmia and conduction disorders 115 Acute myocardial infarction without invasive cardiac investigative procedures 119 Other cardiology	
12 Interventional cardiology	121 Invasive cardiac investigative procedure 122 Percutaneous coronary angioplasty 129 Other interventional cardiology	
13 Dermatology	131 Dermatology	
14 Endocrinology	141 Diabetes 149 Other endocrinology	
15 Gastroenterology	151 Oesophagitis, gastroenterology and miscellaneous digestive system disorders 152 Gastroscopy 153 Endoscopic retrograde cholangiopancreatography 159 Other gastroenterology	
16 Diagnostic gastrointestinal endoscopy	161 Other colonoscopy 162 Other gastrosocopy	
17 Haematology	171 Red blood cell disorders 172 Lymphoma and non-acute leukaemia 179 Other haematology	
18 Immunology and infections	181 Cellulitis 182 Septicaemia, viral and other infectious diseases 183 Human immunodeficiency virus	
19 Medical oncology	191 Respiratory neoplasms 192 Digestive malignancy 199 Other medical oncology	
20 Chemotherapy	201 Chemotherapy	
21 Neurology	211 Stroke 212 Transient ischaemic attack 213 Seizures 214 Headache 219 Other neurology	
22 Renal medicine	221 Renal failure 229 Other renal medicine	
23 Dialysis	231 Renal dialysis	
24 Respiratory medicine	241 Bronchitis and asthma 242 Chronic obstructive airways disease 243 Respiratory infections/inflammations 249 Other respiratory medicine	
25 Rheumatology	251 Rheumatology	
26 Pain management	261 Pain management	
27 Non-subspecialty medicine	271 Kidney and urinary tract infections 272 Gastroenteritis 273 Syncope and collapse 274 Laryngotracheitis and acute bronchiolitis 279 Other non subspecialty medicine	
41 Breast surgery	411 Breast surgery	
42 Cardiothoracic surgery	421 Coronary bypass 429 Other cardiothoracic surgery	549 Other non-specialty surgery
43 Colorectal surgery	431 Major small and large bowel procedures including rectal resection 439 Other colorectal surgery	549 Other non-specialty surgery

(continued)

Table A5.1 (continued): Service Related Groups with associated Specialist Service Related Groups and Non-specialist Service Related Groups

Service Related Group	Specialist Service Related Group	Non-specialist Service Related Group
44 Upper gastrointestinal surgery	441 Cholecystectomy 442 Disorders of biliary tract and pancreas 449 Other upper gastrointestinal surgery	
45 Head and neck surgery	451 Thyroid procedures 459 Other head and neck surgery	
46 Neurosurgery	461 Head injuries 462 Craniotomy 469 Other neurosurgery	549 Other non-specialty surgery 549 Other non-specialty surgery 549 Other non-specialty surgery 495 Other orthopaedics—surgical
47 Dentistry	471 Dental extractions and restorations	
48 Ear, nose and throat	481 Tonsillectomy or adenoidectomy 482 Myringotomy with tube insertion 483 Non-procedural ear, nose and throat 489 Other procedural ear, nose and throat	
49 Orthopaedics	491 Injuries to limbs—medical 492 Wrist and hand procedures including carpal tunnel 493 Hip and knee replacement 494 Knee procedures 495 Other orthopaedics—surgical 499 Other orthopaedics—non-surgical	
50 Ophthalmology	501 Cataract procedures 502 Non-procedural ophthalmology 509 Other eye procedures	
51 Plastic surgery	511 Microvascular tissue transfer or skin grafts 512 Skin, subcutaneous tissue and breast procedures 513 Maxillo-facial surgery 519 Other plastic and reconstructive surgery	
52 Urology	521 Cystourethroscopy 522 Urinary stones and obstruction 523 Transurethral resection of the prostate 524 Other non-procedural urology 529 Other urological procedures	
53 Vascular surgery	531 Vein ligation and stripping 532 Non-procedural vascular surgery including skin ulcers 539 Other vascular surgery procedures	
54 Non-subspecialty surgery	541 Injuries—non-surgical 542 Abdominal pain 543 Appendectomy 544 Digestive system diagnoses including gastrointestinal obstruction 545 Inguinal and femoral hernia procedures, age>0 546 Post-operative infections and sequelae of treatment 549 Other non-specialty surgery	
61 Transplant	611 Transplantation	
62 Extensive burns	621 Extensive burns	
63 Tracheostomy	631 Tracheostomy	
71 Gynaecology	711 Abortion with dilatation and curettage, aspiration curettage or hysterotomy 712 Endoscopic procedures for female reproductive system 713 Conisation, vagina, cervix and vulva procedures 714 Diagnostic curettage or diagnostic hysteroscopy 715 Hysterectomy 716 Other gynaecological surgery 717 Non-procedural gynaecology	

(continued)

Table A5.1 (continued): Service Related Groups with associated Specialist Service Related Groups and Non-specialist Service Related Groups

Service Related Group	Specialist Service Related Group	Non-specialist Service Related Group
72 Obstetrics	721 Ante-natal admission 722 Vaginal delivery 723 Caesarean delivery 724 Post-natal admission	
73 Qualified neonates	731 Qualified neonates	
75 Perinatology	751 Perinatology	731 Qualified neonates
81 Drug and alcohol	811 Drug and alcohol	
82 Psychiatry	821 Schizophrenia 822 Major affective disorders 829 Other psychiatry	
84 Rehabilitation	841 Rehabilitation care delivered in designated unit 842 Rehabilitation care according to designated program 843 Rehabilitation care as principal clinical intent 849 Other rehabilitation	
85 Geriatric	851 Geriatric	
86 Palliation	861 Palliation delivered in designated unit 862 Palliation care according to designated program 863 Palliation care as principal clinical intent 869 Other palliation	
87 Maintenance	871 Maintenance	
88 Psychogeriatric	881 Psychogeriatric	
89 Organ procurement	891 Organ procurement	
90 Boarder	901 Boarder	
99 Error	991 Unallocated	

Table A5.2: Separations by Service Related Group, public hospitals, states and territories, 2001–02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
11 Cardiology	77,404	53,756	39,223	13,338	17,122	3,975	2,069	2,003	208,890
12 Interventional cardiology	15,492	11,139	6,955	5,233	5,572	1,237	1,579	201	47,408
13 Dermatology	6,039	4,284	3,999	1,566	4,702	461	153	235	21,439
14 Endocrinology	12,393	9,127	5,911	3,239	4,485	1,805	531	522	38,013
15 Gastroenterology	41,192	29,439	19,021	9,283	10,421	2,142	1,380	1,080	113,958
16 Diagnostic gastrointestinal endoscopy	50,698	40,684	27,682	18,537	16,505	1,931	3,284	1,242	160,563
17 Haematology	23,549	31,401	15,331	7,525	9,542	1,839	2,318	368	91,873
18 Immunology and infections	30,028	19,248	16,253	7,992	6,479	1,527	1,104	2,142	84,773
19 Medical oncology	15,760	16,723	8,432	3,264	4,854	1,486	547	236	51,302
20 Chemotherapy	5,512	43,522	28,044	15,810	16,356	2,180	4,957	776	117,157
21 Neurology	43,772	33,774	18,674	9,777	9,806	2,729	1,313	1,113	120,958
22 Renal medicine	12,548	9,790	7,073	2,920	2,830	767	667	401	36,996
23 Dialysis	150,391	169,597	76,349	55,657	39,599	12,440	12,902	22,559	539,494
24 Respiratory medicine	73,911	51,971	33,925	16,707	19,980	3,761	2,135	3,370	205,760
25 Rheumatology	3,916	2,688	1,504	992	1,065	493	124	188	10,970
26 Pain management	4,348	4,837	2,449	2,482	1,593	493	96	124	16,422
27 Non-specialty medicine	75,886	59,388	42,878	20,671	21,944	4,346	2,508	3,224	230,845
41 Breast surgery	4,761	4,280	2,535	1,541	1,205	294	225	145	14,986
42 Cardiothoracic surgery	4,282	3,005	3,028	1,417	1,078	487	0	0	13,297
43 Colorectal surgery	12,751	9,229	5,176	3,056	3,220	661	504	243	34,840
44 Upper gastrointestinal surgery	18,905	13,461	9,756	3,799	4,331	1,025	696	542	52,515
45 Head and neck surgery	3,025	2,596	1,788	638	875	190	103	79	9,294
46 Neurosurgery	7,999	8,209	5,240	3,026	2,844	833	0	0	28,151
47 Dentistry	4,935	8,508	5,370	2,079	2,225	444	251	318	24,130
48 Ear, nose and throat	21,705	23,753	14,593	7,557	8,018	1,050	1,074	788	78,538
49 Orthopaedics	82,918	61,500	42,580	20,911	20,474	4,765	4,288	3,113	240,549
50 Ophthalmology	23,967	20,828	10,202	7,392	8,411	479	886	743	72,908
51 Plastic surgery	23,813	20,668	18,100	8,234	10,535	1,795	881	1,072	85,098
52 Urology	33,387	28,225	15,093	9,026	9,793	1,876	1,343	864	99,607
53 Vascular surgery	12,453	10,608	6,468	3,434	4,695	1,256	845	408	40,167
54 Non-specialty surgery	88,641	66,921	48,468	20,285	18,550	4,315	3,465	3,499	254,144
61 Transplant	256	241	182	49	88	0	0	0	816
62 Extensive burns	535	379	385	279	248	74	25	87	2,012
63 Tracheostomy	2,569	1,902	1,178	588	676	164	146	129	7,352
71 Gynaecology	49,720	48,754	27,506	14,030	19,540	2,857	1,919	2,736	167,062
72 Obstetrics	90,651	65,461	50,771	21,284	22,613	5,035	3,686	5,238	264,739
73 Qualified neonates	22,110	14,843	8,596	3,002	4,263	1,616	861	1,102	56,393
75 Perinatology	563	255	58	117	146	58	0	16	1,213

(continued)

Table A5.2 (continued): Separations by Service Related Group, public hospitals, states and territories, 2001–02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
81 Drug and alcohol	23,370	13,870	13,082	6,251	5,134	1,182	524	550	63,963
82 Psychiatry	40,595	31,018	21,516	11,015	11,889	3,643	1,288	676	121,640
83 Non-acute psychiatry	749	155	688	310	25	8	6	11	1,952
84 Rehabilitation	26,286	21,147	18,520	4,440	4,601	742	617	673	77,026
85 Geriatric	1,077	10,075	363	30	22	13	20	0	11,600
86 Palliation	7,548	4,356	3,499	689	1,247	328	349	25	18,041
87 Maintenance	7,954	2,470	5,318	2,139	2,072	539	195	373	21,060
88 Psychogeriatric	297	0	118	353	136	8	1	0	913
89 Error	3,052	1,779	841	795	524	138	80	268	7,477
Total	1,263,717	1,089,864	694,721	352,759	362,334	79,487	61,945	63,482	3,968,309

Table A5.3: Separations by Service Related Group, private hospitals, states and territories, 2001–02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
11 Cardiology	8,340	12,205	13,052	5,442	4,705	n.p.	n.p.	..	46,319
12 Interventional cardiology	16,865	13,089	11,351	4,142	3,510	n.p.	n.p.	..	50,792
13 Dermatology	2,532	1,395	1,757	1,003	726	348	63	..	7,824
14 Endocrinology	1,794	2,012	2,715	867	781	342	82	..	8,593
15 Gastroenterology	11,786	10,846	13,414	4,983	3,891	1,183	253	..	46,356
16 Diagnostic gastrointestinal endoscopy	107,438	87,985	88,637	29,311	21,652	8,021	611	..	343,655
17 Haematology	6,562	10,787	13,897	2,925	2,632	1,160	351	..	38,314
18 Immunology and infections	3,107	3,365	5,355	2,328	1,313	545	139	..	16,152
19 Medical oncology	5,565	9,519	6,498	2,591	2,687	n.p.	n.p.	..	28,279
20 Chemotherapy	24,153	31,288	35,853	14,795	11,503	n.p.	n.p.	..	121,798
21 Neurology	5,888	6,790	7,326	3,153	2,604	1,198	211	..	27,170
22 Renal medicine	2,010	3,268	3,174	1,196	655	343	110	..	10,756
23 Dialysis	17,201	11,873	30,235	17,406	12,093	0	0	..	88,808
24 Respiratory medicine	16,351	15,346	17,212	5,580	6,330	2,778	382	..	63,979
25 Rheumatology	1,222	1,053	1,108	548	344	190	42	..	4,507
26 Pain management	4,672	4,317	2,363	5,463	2,321	1,429	34	..	20,599
27 Non-specialty medicine	11,188	17,276	15,606	11,114	5,305	3,039	518	..	64,046
41 Breast surgery	5,274	4,149	3,243	1,587	1,376	n.p.	n.p.	..	16,428
42 Cardiothoracic surgery	0	0	0	0	0	0	0	..	0
43 Colorectal surgery	12,309	7,344	7,753	3,471	2,851	970	459	..	35,157
44 Upper gastrointestinal surgery	8,432	6,764	7,482	3,277	2,728	1,028	590	..	30,301
45 Head and neck surgery	3,910	2,686	2,861	1,824	1,327	307	143	..	13,058
46 Neurosurgery	0	0	0	0	0	0	0	..	0
47 Dentistry	20,868	19,141	14,560	10,747	5,886	n.p.	n.p.	..	73,776
48 Ear, nose and throat	24,311	16,651	15,575	9,605	9,102	n.p.	n.p.	..	78,324
49 Orthopaedics	69,728	57,452	44,149	28,504	24,344	6,784	3,840	..	234,801
50 Ophthalmology	46,490	26,143	31,490	11,849	9,938	n.p.	n.p.	..	131,897
51 Plastic surgery	34,215	22,471	30,310	11,431	13,416	n.p.	n.p.	..	117,472
52 Urology	31,063	21,189	18,905	9,794	7,770	n.p.	n.p.	..	93,641
53 Vascular surgery	8,834	10,911	7,935	3,053	2,525	n.p.	n.p.	..	35,365
54 Non-specialty surgery	35,887	28,000	30,852	15,161	10,611	4,015	1,476	..	126,002
61 Transplant	0	n.p.	0	n.p.	0	0	0	..	20
62 Extensive burns	41	50	41	n.p.	29	n.p.	n.p.	..	201
63 Tracheostomy	272	292	389	109	183	n.p.	n.p.	..	1,308
71 Gynaecology	56,494	38,794	38,585	17,999	10,186	n.p.	n.p.	..	169,885
72 Obstetrics	28,461	18,349	19,576	12,212	5,725	n.p.	n.p.	..	89,726
73 Qualified neonates	4,284	3,430	2,447	2,435	821	n.p.	n.p.	..	14,482
75 Perinatology	0	0	0	0	0	0	0	..	0

(continued)

Table A5.3 (continued): Separations by Service Related Group, private hospitals, states and territories, 2001–02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
81 Drug and alcohol	5,338	4,094	4,530	1,288	454	n.p.	n.p.	..	16,408
82 Psychiatry	16,593	26,109	21,798	3,397	2,570	n.p.	n.p.	..	73,570
83 Non-acute psychiatry	6,739	0	588	n.p.	n.p.	341	0	..	7,682
84 Rehabilitation	20,696	10,322	16,213	1,426	1,772	n.p.	n.p.	..	50,809
85 Geriatric	2,456	0	n.p.	0	362	0	n.p.	..	2,829
86 Palliation	537	405	2,280	2,064	110	0	0	..	5,396
87 Maintenance	675	146	910	354	66	n.p.	n.p.	..	2,208
88 Psychogeriatric	n.p.	0	26	0	n.p.	0	0	..	33
99 Error	1,958	12,517	1,019	650	556	714	49	..	17,463
Total	692,542	579,836	593,074	265,132	197,770	70,649	27,186	..	2,426,189

.. not available.

n.p. not published.

Table A5.4: Patient days by Service Related Group, public hospitals, states and territories, 2001-02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
11 Cardiology	291,162	176,421	132,258	49,315	65,830	15,532	7,708	7,449	745,675
12 Interventional cardiology	63,901	36,143	22,563	14,718	16,009	4,528	3,163	1,345	162,370
13 Dermatology	16,511	10,848	9,078	4,965	8,434	1,342	540	1,026	52,744
14 Endocrinology	60,071	44,332	25,107	16,217	19,386	5,069	2,167	2,023	174,372
15 Gastroenterology	141,226	86,544	55,747	32,346	31,711	7,631	4,377	5,801	365,383
16 Diagnostic gastrointestinal endoscopy	74,086	54,905	35,822	23,968	21,534	3,398	4,485	1,806	220,004
17 Haematology	94,498	82,567	43,186	22,690	27,960	5,771	6,809	1,274	284,755
18 Immunology and infections	119,867	79,624	54,395	26,658	22,921	6,447	4,058	9,460	323,430
19 Medical oncology	102,025	79,365	40,720	17,406	30,608	9,862	2,859	1,799	284,644
20 Chemotherapy	5,706	43,600	28,107	15,811	16,360	2,180	5,062	810	117,636
21 Neurology	222,795	155,813	81,118	50,159	51,108	16,428	8,054	5,811	591,286
22 Renal medicine	55,802	35,897	25,231	12,613	12,827	3,275	2,270	2,117	150,032
23 Dialysis	150,449	169,657	76,349	55,657	39,600	12,440	12,909	22,604	539,665
24 Respiratory medicine	376,632	248,481	157,275	81,484	97,038	21,349	12,231	17,948	1,012,438
25 Rheumatology	17,638	9,956	5,521	4,463	4,217	1,252	594	860	44,501
26 Pain management	11,701	9,950	5,119	5,584	3,530	1,003	414	335	37,636
27 Non-specialty medicine	287,608	242,299	127,069	68,173	95,177	20,364	7,785	14,652	863,127
41 Breast surgery	11,745	11,024	5,110	3,034	2,596	692	575	408	35,184
42 Cardiothoracic surgery	47,326	31,481	28,710	15,921	11,605	4,259	0	0	139,302
43 Colorectal surgery	77,829	56,375	31,177	18,156	19,646	5,635	3,773	1,462	214,053
44 Upper gastrointestinal surgery	88,688	59,727	38,884	17,469	19,101	4,174	3,852	2,352	234,247
45 Head and neck surgery	8,550	6,864	4,449	1,502	2,410	606	287	199	24,867
46 Neurosurgery	59,691	54,185	36,837	21,557	20,244	5,960	0	0	198,474
47 Dentistry	5,443	8,747	5,651	2,173	2,295	473	277	412	25,471
48 Ear, nose and throat	32,847	32,002	19,146	10,867	11,217	1,641	1,630	1,432	110,782
49 Orthopaedics	367,867	245,572	149,609	82,764	78,475	22,005	19,581	14,962	980,835
50 Ophthalmology	35,604	26,324	14,773	10,394	10,782	776	1,148	1,414	101,215
51 Plastic surgery	66,189	52,357	35,508	21,558	23,124	4,381	2,602	4,822	210,541
52 Urology	84,184	61,985	36,282	20,116	23,299	5,250	3,710	2,908	237,734
53 Vascular surgery	102,848	72,780	44,984	22,493	28,421	7,098	5,137	3,490	287,251
54 Non-specialty surgery	272,686	200,555	127,988	60,341	56,547	13,552	19,632	13,474	764,775
61 Transplant	5,147	5,374	2,422	465	1,117	0	0	0	14,525
62 Extensive burns	7,314	4,631	3,558	3,729	2,813	790	386	808	24,029
63 Tracheostomy	78,718	66,835	36,808	18,324	28,136	4,752	4,251	3,730	241,554
71 Gynaecology	90,753	79,019	47,488	27,296	31,470	5,546	3,890	4,251	289,713
72 Obstetrics	291,318	202,522	135,852	76,418	68,688	17,359	13,640	19,221	825,018
73 Qualified neonates	153,997	110,913	74,777	30,529	38,575	12,626	10,429	11,674	443,520
75 Perinatology	6,691	2,679	717	1,183	927	560	0	120	12,877

(continued)

Table A5.4 (continued): Patient days by Service Related Group, public hospitals, states and territories, 2001-02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
81 Drug and alcohol	83,582	35,398	34,234	19,926	16,476	5,692	2,026	1,654	12,877
82 Psychiatry	377,007	287,521	189,334	123,762	122,015	38,929	13,437	5,789	198,988
83 Non-acute psychiatry	179,684	12,452	139,297	15,187	332	791	345	125	1,157,794
84 Rehabilitation	465,698	350,779	138,113	113,075	124,256	17,605	10,580	5,055	348,213
85 Geriatric	17,017	293,763	5,276	158	224	319	691	0	1,225,161
86 Palliation	86,728	69,907	30,738	8,188	15,655	3,979	6,102	382	317,448
87 Maintenance	258,929	66,507	239,996	81,795	156,662	20,895	5,313	5,559	221,679
88 Psychogeriatric	51,066	0	3,827	24,158	74,344	51	17	0	835,656
99 Error	361,308	17,632	7,546	7,839	5,835	17,604	1,221	3,303	153,463
Total	5,868,132	4,092,312	2,593,756	1,362,604	1,561,539	361,871	220,017	206,126	16,266,357

Table A5.5: Patient days by Service Related Group, private hospitals, states and territories, 2001–02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
11 Cardiology	41,774	55,029	61,449	20,450	19,765	n.p.	n.p.	..	210,388
12 Interventional cardiology	31,329	34,438	31,893	9,074	9,425	n.p.	n.p.	..	120,599
13 Dermatology	4,909	3,034	4,721	2,768	1,628	839	141	..	18,040
14 Endocrinology	12,989	12,785	17,795	6,345	5,380	2,464	1,085	..	58,843
15 Gastroenterology	27,168	29,615	37,292	14,182	12,171	4,451	1,346	..	126,225
16 Diagnostic gastrointestinal endoscopy	113,604	95,791	98,598	33,276	24,250	9,526	947	..	375,992
17 Haematology	16,939	25,258	34,626	8,892	8,994	2,840	1,132	..	98,681
18 Immunology and infections	15,279	17,256	24,186	9,117	7,379	2,653	680	..	76,550
19 Medical oncology	37,447	40,214	34,721	11,468	17,612	n.p.	n.p.	..	149,819
20 Chemotherapy	24,249	31,324	35,854	14,822	11,510	n.p.	n.p.	..	121,974
21 Neurology	40,522	38,389	53,317	17,491	16,430	6,584	1,616	..	174,349
22 Renal medicine	8,668	10,444	12,996	3,868	3,191	1,711	421	..	41,299
23 Dialysis	17,219	11,885	30,235	17,406	12,153	0	0	..	88,898
24 Respiratory medicine	62,695	74,280	91,087	33,086	29,335	14,284	3,345	..	308,112
25 Rheumatology	4,484	4,093	4,454	2,235	1,349	1,169	235	..	18,019
26 Pain management	10,397	9,810	6,210	9,641	3,906	2,683	91	..	42,738
27 Non-specialty medicine	56,056	59,041	62,216	28,845	33,835	10,316	2,336	..	252,645
41 Breast surgery	13,730	9,848	7,963	3,654	3,589	973	846	..	40,603
42 Cardiothoracic surgery	0	0	0	0	0	0	0	..	0
43 Colorectal surgery	42,434	42,212	40,508	19,402	16,051	5,756	2,430	..	168,793
44 Upper gastrointestinal surgery	28,734	27,240	29,093	12,197	10,158	3,681	1,759	..	112,862
45 Head and neck surgery	6,952	5,415	5,764	2,759	2,468	636	337	..	24,331
46 Neurosurgery	0	0	0	0	0	0	0	..	0
47 Dentistry	21,026	19,208	14,723	10,798	5,931	n.p.	n.p.	..	74,288
48 Ear, nose and throat	27,812	20,417	18,120	11,236	10,853	n.p.	n.p.	..	92,260
49 Orthopaedics	220,644	187,781	165,912	96,504	73,545	26,693	11,681	..	782,760
50 Ophthalmology	49,173	27,221	33,759	13,172	10,637	n.p.	n.p.	..	140,559
51 Plastic surgery	54,166	42,493	46,464	20,859	21,843	n.p.	n.p.	..	195,227
52 Urology	61,566	48,650	41,430	20,434	17,867	n.p.	n.p.	..	202,507
53 Vascular surgery	42,879	43,266	39,440	16,914	12,133	n.p.	n.p.	..	162,803
54 Non-specialty surgery	150,672	132,594	137,332	57,580	49,256	15,613	4,847	..	547,894
61 Transplant	0	n.p.	0	n.p.	0	0	0	..	181
62 Extensive burns	238	306	318	n.p.	124	n.p.	n.p.	..	1,183
63 Tracheostomy	7,509	9,697	12,799	3,076	6,864	n.p.	n.p.	..	41,543
71 Gynaecology	93,859	62,714	64,804	36,147	23,789	n.p.	n.p.	..	297,559
72 Obstetrics	134,143	82,964	86,726	60,517	30,112	n.p.	n.p.	..	419,000
73 Qualified neonates	25,338	18,335	20,476	11,177	5,049	n.p.	n.p.	..	87,778
75 Perinatology	0	0	0	0	0	0	0	..	0

(continued)

Table A5.5 (continued): Patient days by Service Related Group, private hospitals, states and territories, 2001–02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
81 Drug and alcohol	34,647	20,133	17,636	7,287	4,422	n.p.	n.p.	..	87,083
82 Psychiatry	92,212	107,695	113,603	41,837	38,473	n.p.	n.p.	..	411,787
83 Non-acute psychiatry	44,624	0	30,185	n.p.	n.p.	1,555	0	..	76,725
84 Rehabilitation	169,732	164,487	79,246	31,590	26,396	n.p.	n.p.	..	479,837
85 Geriatric	9,678	0	n.p.	0	515	0	n.p.	..	10,254
86 Palliation	7,646	4,971	25,061	22,920	1,601	0	0	..	62,199
87 Maintenance	6,583	10,516	55,036	7,421	3,363	n.p.	n.p.	..	84,256
88 Psychogeriatric	n.p.	0	3,129	0	n.p.	0	0	..	3,745
99 Error	6,650	39,129	9,630	4,200	3,250	3,039	319	..	66,217
Total	1,878,382	1,680,099	1,740,851	755,101	597,336	221,303	84,333	..	6,957,405

.. not available.

n.p. not published.

Table A5.6: Number of hospitals with more than 50 separations in each Service Related Group, by Service Related Group, public hospitals, states and territories, 2001–02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
11 Cardiology	131	72	74	32	42	6	2	5	364
12 Interventional cardiology	25	12	6	4	4	2	1	1	55
13 Dermatology	36	22	18	8	9	2	1	1	97
14 Endocrinology	57	34	28	12	12	3	2	2	150
15 Gastroenterology	110	66	57	28	33	5	2	4	305
16 Diagnostic gastrointestinal endoscopy	82	68	40	29	27	3	2	4	255
17 Haematology	63	49	33	12	15	3	2	2	179
18 Immunology and infections	88	41	55	22	18	3	2	5	234
19 Medical oncology	59	45	28	7	12	3	2	2	158
20 Chemotherapy	14	38	28	7	12	3	2	2	106
21 Neurology	110	61	56	29	36	6	2	4	304
22 Renal medicine	43	28	20	8	9	3	1	2	114
23 Dialysis	35	50	14	11	10	2	1	3	126
24 Respiratory medicine	131	86	83	41	45	7	2	5	400
25 Rheumatology	19	14	6	4	5	1	1	1	51
26 Pain management	21	25	11	6	6	3	1	1	74
27 Non-subspecialty medicine	141	94	92	42	46	7	2	5	429
41 Breast surgery	30	27	14	6	6	3	1	1	88
42 Cardiothoracic surgery	10	6	4	4	2	1	0	0	27
43 Colorectal surgery	59	41	21	15	14	3	2	1	156
44 Upper gastrointestinal surgery	68	45	33	17	16	3	2	3	187
45 Head and neck surgery	16	17	9	3	3	1	1	1	51
46 Neurosurgery	10	7	6	3	4	1	0	0	31
47 Dentistry	34	28	28	8	8	3	2	2	113
48 Ear, nose and throat	60	56	27	21	22	3	2	3	194
49 Orthopaedics	113	73	67	31	41	4	2	5	336
50 Ophthalmology	55	39	24	21	16	3	2	3	163
51 Plastic surgery	81	62	44	22	24	3	2	4	242
52 Urology	82	57	37	23	29	3	2	3	236
53 Vascular surgery	45	38	19	9	8	3	2	2	126
54 Non-subspecialty surgery	131	80	94	42	47	6	2	5	407
61 Transplant	2	1	1	0	1	0	0	0	5
62 Extensive burns	3	2	2	2	2	1	0	1	13
63 Tracheostomy	17	12	9	3	3	1	1	1	47
71 Gynaecology	77	68	44	30	26	3	2	4	254
72 Obstetrics	90	62	52	30	29	4	2	5	274
73 Qualified neonates	52	28	22	8	8	2	2	3	125
75 Perinatology	3	1	0	1	1	1	0	0	7

(continued)

Table A5.6 (continued): Number of hospitals with more than 50 separations in each Service Related Group, by Service Related Group, public hospitals, states and territories, 2001-02

Service Related Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
81 Drug and alcohol	78	35	44	20	21	3	2	3	206
82 Psychiatry	83	47	35	27	31	6	2	2	233
83 Non-acute psychiatry	5	0	6	2	0	0	0	0	13
84 Rehabilitation	66	33	26	11	9	3	1	2	151
85 Geriatric	8	33	2	0	0	0	0	0	43
86 Palliation	24	17	13	2	4	2	1	0	63
87 Maintenance	42	15	24	13	9	3	1	3	110
88 Psychogeriatric	2	0	1	4	1	0	0	0	8
99 Error	20	14	5	4	4	0	1	2	50

Appendix 6: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Groups (AR-DRG) cost weights and estimated average costs, as incorporated into tables in Chapters 2, 4, 6 and 11. It is a voluntary collection of hospital cost and activity data covering the financial year prior to the collection period, undertaken by the Department of Health and Ageing. Both public and private hospital data are included, with the results being separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2000–01 financial year (Round 5) (DHA 2002).

In the 2000–01 collection, cost data were obtained for products other than acute admitted patients, such as outpatient care, emergency department care, admitted patient rehabilitation care, admitted patient palliative care, outreach/community, teaching and research. However, this report uses the cost data for acute admitted patients only, that is, for AR-DRGs version 4.1. (Cost weight data for 2001–02 for AR-DRGs version 4.2 were not available at the time of publication.)

The NHCDC involves arrangements whereby the hospital data are collected by the individual hospitals, and checked and validated by state/territory/private sector coordinators before being passed onto the Department. The production and publication of the final cost weights and associated tables follows extensive quality assurance procedures undertaken by the Department, and endorsement of the results by the states and territories.

The number of public hospitals included in the collection in 2000–01 was 187. Whilst the coverage of public hospitals was approximately 37.3% of total hospitals, the total number of separations was approximately 76.5% of the estimated total population of separations, because of the significant number of large teaching hospitals in the sample. A total of 73 private hospitals contributed to the collection, representing about 30.7% of all private hospitals and 43.3% of private hospital separations.

The participating hospitals include both patient costing and cost modelling sites. Cost modelling generally refers to a process where estimates of costs are produced at the level of each AR-DRG. The approach is 'top down' where costs from the hospitals' general ledgers are allocated down to acute admitted patients using a series of allocation statistics. Patient costing or clinical costing is a 'bottom up' approach where the costs of each service provided to an individual patient are measured or estimated so that the total cost of treating individual patients is obtained. The majority of participating hospitals are cost modelled sites.

The average cost per separation for 2000–01 was estimated at \$2,707 for public hospitals and \$2,196 for private hospitals. Both these estimates included estimates for depreciation.

Further information is provided in the NHCDC report for 2000–01 (DHA 2002). Cost weights and associated tables for the this round and the previous four rounds can be obtained from the Department of Health and Ageing (Phone 02 6289 8272) or on the Casemix website, www.health.gov.au/casemix/.

Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary* version 10 (NHDC 2001). Each definition contains an identification number (ID) from the Knowledgebase or Australia's Health and Community Services Data Registry. The Knowledgebase is an electronic storage site for Australian health, community services, housing and related data definitions and standards. It provides definitions for data for health- and community services-related topics, and specifications for related National Minimum Data Sets (NMDSs), such as the NMDSs which form the basis of this report. The Knowledgebase can be viewed on the Internet at

<http://www.aihw.gov.au/knowledgebase/index.html>

<i>Activity when injured</i>	The type of activity being undertaken by a person at the time of injury. Knowledgebase ID: 000002
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospitals</i>	See <i>Establishment type</i> .
<i>Additional diagnosis</i>	Conditions or complaints either co-existing with the principal diagnosis or arising during the episode of care. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources. Knowledgebase ID: 000005
<i>Administrative and clerical staff</i>	See <i>Full-time equivalent staff</i> .
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers' compensation). Knowledgebase ID: 000244
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital in the home patients). Knowledgebase ID: 000011
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction or IFRAC.
<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
<i>Available beds</i>	Beds immediately available for use by admitted patients as required. Knowledgebase ID: 000255

Average length of stay

The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of 1 day.

Knowledgebase ID: 000119

Care type

The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).

Knowledgebase ID: 000168

Admitted patient care

Acute care is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures.

Rehabilitation care occurs when a person with a disability is participating in a multidisciplinary program aimed at an improvement in functional capacity, retraining in lost skills and/or change in psychosocial adaptation.

Palliative care occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable, or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life for such a person. Interventions such as radiotherapy, chemotherapy and surgery are considered to be part of the palliative episode if they are undertaken specifically to provide symptomatic relief.

Geriatric evaluation and management is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient.

Psychogeriatric care is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance.

Maintenance care is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment.

<i>Care type (continued)</i>	<p><i>Newborn care</i> is initiated when the patient is 9 days old or less at the time of admission. Newborn episodes of care comprise qualified days only, separations with a mixture of qualified and unqualified days and separations with unqualified days only. Separations comprising only qualified days are considered to be the equivalent of episodes of acute care.</p> <p>Other care</p> <p><i>Other care</i> is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following:</p> <p><i>Organ procurement – posthumous</i> is the procurement of human tissue for the purpose of transplantation from a donor who has been declared brain dead.</p> <p><i>Hospital boarder</i> is a person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.</p>
<i>Clinical urgency</i>	<p>A clinical assessment of the urgency with which a patient requires elective hospital care.</p> <p>Knowledgebase ID: 000025</p>
<i>Constant prices</i>	<p>Constant prices are adjusted for inflation and are expressed in terms of prices in a reference year. Constant price expenditure is expressed in chain volume measures, referenced to the year 2000–01 using the ABS Final Consumption Expenditure by Governments Health Price Index for Hospitals and Nursing Homes (<i>See also current prices</i>).</p>
<i>Compensable patients</i>	<p>A compensable patient is an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.</p> <p>Knowledgebase ID: 000026</p>
<i>Cost weights</i>	<p>Cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0 therefore, on average, costs 10 times as much as a separation with a cost weight of 0.5. There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. The cost weights used in this report are 2000–01 national public and private cost weights for AR-DRGs v. 4.1.</p>
<i>Current prices</i>	<p>Current prices are used to refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts (<i>See also constant prices</i>).</p>
<i>Department of Veterans' Affairs patient</i>	<p>A person whose charges for the hospital admission are met by the Department of Veterans' Affairs. These data are as supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the department.</p> <p>Knowledgebase ID: 000421</p>
<i>Diagnostic and allied health professionals</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic and other staff</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic services expenditure</i>	<p>The costs of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs.</p> <p>Knowledgebase ID: 000241</p>

<i>Drug supplies expenditure</i>	The cost of all drugs, including the cost of containers. Knowledgebase ID: 000238
<i>Elective care</i>	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. Knowledgebase ID: 000348
<i>Elective surgery</i>	<p>Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. The procedures that are excluded are:</p> <ul style="list-style-type: none"> • organ or tissue transplant procedures • procedures associated with obstetrics (for example, elective Caesarean section, cervical suture) • cosmetic surgery (defined as the relevant procedures that do not attract a Medicare rebate) • biopsy of kidney (needle only) • biopsy of lung (needle only) • bronchoscopy (including fibre-optic bronchoscopy) • colonoscopy • dental procedures • endoscopic retrograde cholangio-pancreatography • endoscopy of biliary tract, oesophagus, small intestine or stomach • endovascular interventional procedures • gastroscopy • miscellaneous cardiac procedures • oesophagoscopy • panendoscopy (except when involving the bladder) • proctosigmoidoscopy; • sigmoidoscopy. <p>Knowledgebase ID: 000046</p>
<i>Emergency department waiting time to service delivery</i>	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. Knowledgebase ID: 000347
<i>Enrolled nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Episode of care</i>	The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>). Knowledgebase ID: 000168
<i>Error DRGs</i>	Seven AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.

<i>Establishment type</i>	<p>Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.</p> <p>Knowledgebase ID: 000327</p> <p>Establishment types include:</p> <p><i>Acute care hospitals</i> – Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the state or territory health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short. Public acute care hospitals are funded and controlled by the State or territory health authority. Private acute care hospitals are not controlled by the State or territory health authority.</p> <p>Knowledgebase ID: 000327 (R1)</p> <p><i>Psychiatric hospitals</i> – Establishments which provide treatment and care for patients with psychiatric, mental or behavioural disorders. Public psychiatric hospitals are funded and controlled by the State or territory health authority. Private psychiatric hospitals are not controlled by the State or territory health authority.</p> <p>Knowledgebase ID: 000327 (R2)</p> <p><i>Alcohol and drug treatment centres</i> – Free-standing centres for the treatment of drug dependence on an admitted patient basis.</p> <p>Knowledgebase ID: 000327 (R4)</p> <p><i>Hospices</i> – Establishments providing palliative care to terminally ill patients.</p> <p>Knowledgebase ID: 000327 (R6)</p> <p><i>Multi-purpose services</i> – Based on a legal definition rather than an operational one. The hospitals in this category are classified as such because they are part of a multi-purpose service health program. As a result some of the hospitals are whole MPSs, some are only the hospital part of an MPS and some are hospitals that are part of networks that are MPSs. This leads to some inconsistencies across jurisdictions.</p> <p><i>Public acute and psychiatric hospitals, or Public hospitals</i> – This category includes public acute hospitals, public psychiatric hospitals, public alcohol and drug treatment centres, public hospices and public multi-purpose services.</p>
<i>External cause</i>	<p>The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.</p> <p>Knowledgebase ID: 000053</p>

<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable).</p> <p>Knowledgebase ID: 000252</p> <p>Staffing categories include:</p> <p><i>Salaried medical officers</i> – Medical officers engaged by the hospital on a full-time or part-time salaried basis.</p> <p>Knowledgebase ID: 000252 (C1.1)</p> <p><i>Registered nurses</i> – Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a state or territory registration board.</p> <p>Knowledgebase ID: 000252 (C1.2)</p> <p><i>Enrolled nurses</i> – Second-level nurses who are enrolled in all states and territories, except Victoria where they are registered by the state registration board, to practise in this capacity. Includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some states and territories).</p> <p>Knowledgebase ID: 000252 (C1.3)</p> <p><i>Other personal care staff</i> – This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wards persons, orderlies, ward assistants and nursing assistants, engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.</p> <p>Knowledgebase ID: 000252 (C1.6)</p> <p><i>Diagnostic and allied health professionals</i> – Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.</p> <p>Knowledgebase ID: 000252 (C1.7)</p> <p><i>Administrative and clerical staff</i> – Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals, and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.</p> <p>Knowledgebase ID: 000252 (C1.8)</p> <p><i>Domestic and other staff</i> – Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged in administrative duties. This category also includes all staff not elsewhere included (primarily maintenance staff, trades-persons and gardening staff).</p> <p>Knowledgebase ID: 000252 (C1.9)</p>
<i>Funding source for hospital patient</i>	<p>Expected principal source of funds for an admitted patient episode or non-admitted patient service event.</p> <p>Knowledgebase ID: 000632</p>
<i>Geriatric evaluation and management</i>	<p>See <i>Care type</i>.</p>

<i>Group session</i>	A group service is defined as a service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual.
<i>HASAC</i>	For hospitals where the IFRAC was not available or was clearly inconsistent with the data, the admitted patient costs are estimated by the Health and Allied Services Advisory Council (HASAC) ratio (see Appendix 3).
<i>Hospice</i>	See <i>Establishment type</i> .
<i>Hospital boarder</i>	See <i>Care type</i> .
<i>Hospital in the home care</i>	Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary. Knowledgebase ID: 000633
<i>IFRAC</i>	Inpatient fraction: the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
<i>Indicator procedure</i>	An indicator procedure is a procedure that is of high volume, and is often associated with long waiting periods. Knowledgebase ID:000073
<i>Indigenous status</i>	Indigenous status of the person according to the following definition: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community with which he or she lives. Knowledgebase ID: 000001
<i>Inter-hospital contracted care</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals. Knowledgebase ID: 000079
<i>Length of stay</i>	The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting the day the patient went on leave. A same day patient is allocated a length of stay of 1 day. Knowledgebase ID: 000119
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. Knowledgebase ID: 000088
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. Knowledgebase ID: 000239
<i>Multi-purpose service</i>	See <i>Establishment type</i> .
<i>Newborn care</i>	See <i>Care type</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service. Knowledgebase ID: 000209
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital. Knowledgebase ID: 000104

<i>Number of days of hospital in the home care</i>	The number of hospital in the home days occurring within an episode of care for an admitted patient. Knowledgebase ID: 000640
<i>Organ procurement posthumous</i>	See <i>Care type</i> .
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. Knowledgebase ID: 000247
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. Knowledgebase ID: 000323
<i>Overnight-stay patients</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of one night, i.e. who is admitted to and separated from the hospital on different dates. Knowledgebase ID: 000116
<i>Palliative care</i>	See <i>Care type</i> .
<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated one patient day. Knowledgebase ID: 000206
<i>Patient presentation to emergency department</i>	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department and is the earliest occasion of being registered clerically, or triaged. Knowledgebase ID: 000349
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. Knowledgebase ID: 000296
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. Knowledgebase ID: 000243
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public patients) on a sessionally paid or fee-for-service basis. Knowledgebase ID: 000236
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or violence occurred. Knowledgebase ID: 000384
<i>Potentially preventable hospitalisation</i>	Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.
<i>Pre-MDC</i>	Eight AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involved procedures that are particularly resource intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).

<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital. Knowledgebase ID: 000136
<i>Private hospital</i>	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. (see <i>Establishment type</i>)
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting. Knowledgebase ID: 000137
<i>Psychiatric hospitals</i>	See <i>Establishment type</i>
<i>Psychogeriatric care</i>	See <i>Care type</i> .
<i>Qualified days</i>	Days within <i>Newborn</i> episodes of care are either qualified or unqualified. Days are qualified if the patient is the second or subsequent live-born infant of a multiple birth, whose mother is an admitted patient; is admitted to an intensive care facility in a hospital; or is admitted to, or remains in, hospital without its mother.
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This would include: <ul style="list-style-type: none"> • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and • other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost. Knowledgebase ID: 000295
<i>Recurrent expenditure</i>	Expenditure which is not capital expenditure. Includes salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. Knowledgebase ID: 000533
<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative Stay Index</i>	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See Appendix 3 for further information.
<i>Remoteness Area</i>	A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure. The categories are <i>Major cities</i> , <i>Inner regional</i> , <i>Outer regional</i> , <i>Remote</i> , <i>Very remote</i> and <i>Migratory</i> .
<i>Removal from waiting list</i>	The reason the patient was removed from an elective surgery waiting list. Knowledgebase ID: 000142
<i>Repairs and maintenance expenditure</i>	The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works. Knowledgebase ID: 000242

<i>Salaried medical officers</i>	See <i>Full-time equivalent staff</i> .
<i>Same day patients</i>	Same day patients are admitted patients who are admitted and separate on the same date. Knowledgebase ID: 000146
<i>Separation</i>	The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. Knowledgebase ID: 000205
<i>Standardised separation rate ratio</i>	The age-standardised separation rate for one population divided by the age-standardised separation rate of another. See Appendix 3.
<i>Service Related Group</i>	A classification based on Australian Refined-Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.
<i>Specialised service</i>	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics. Knowledgebase ID: 000321
<i>Statistical Division</i>	A general purpose spatial unit, it is the largest and most stable unit within the Australian Standard Geographical Classification (ASGC). This classification has been developed by the Australian Bureau of Statistics and covers all of Australia without gaps or overlaps or crossing of State or Territory boundaries. Knowledgebase ID: 000260
<i>Superannuation employer contributions</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees. Knowledgebase ID: 000237
<i>Surgical procedure</i>	A procedure used to define surgical Australian Refined Diagnosis Related Groups version 4.2 (DHAC 1998, 2000a, 2000b). This definition of surgical procedure is used for the purpose of estimating coverage of the National Elective Surgery Waiting Times Data Collection in this report.
<i>Surgical specialty</i>	The area of clinical expertise held by the doctor who will perform the elective surgery. Knowledgebase ID: 000161
<i>Triage category</i>	The urgency of the patient's need for medical and nursing care in an emergency department. Knowledgebase ID: 000355
<i>Type of non-admitted patient occasion of service</i>	A broad classification of services provided to non-admitted patients. See data element 000231 in the <i>National Health Data Dictionary</i> version 9.0 for further details.
<i>Visiting medical officer</i>	A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis. Knowledgebase ID: 000236

Waiting time at admission

The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure.

Knowledgebase ID: 000413

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