

3 Overview of public hospital establishments

Introduction

This chapter describes the public hospital sector in terms of the number of hospitals, availability of hospital beds, number of medical practitioners, staff employed and specialised services provided. This chapter also provides information on public hospital expenditure, revenue and capital expenditure. The main source of data reported in this chapter is the National Public Hospital Establishments Database.

The data in this chapter relate to public hospitals; however, data on private hospitals are also presented in several comparative tables: time-series comparison, description of the number of hospitals and hospital beds by hospital sector, and the medical workforce (Tables 3.1, 3.2 and 3.7).

Hospitals by sector, 1994–95 to 1998–99

A range of data on hospitals, available beds, expenditure and revenue are presented in Table 3.1. Over the five-year period a number of jurisdictions changed from accounting on a cash basis to accrual accounting. A number of other changes to reporting arrangements have occurred over the period, and therefore comparisons across years are limited.

The count of public hospitals is subject to variation due to changes in administrative arrangements from year to year, and so provides limited comparative data. The number of beds in public hospitals, which is a more stable measure, has decreased by 9% from 59,273 to 53,885 since 1994–95. The number of beds in overnight private hospitals has increased by 6% with an increase from 22,370 beds in 1994–95 to 23,746 beds in 1998–99, while the number of private free-standing day hospital facilities grew by 52%, from 125 to 190, in the same period.

Expenditure reported from 1994–95 to 1998–99 increased by 44% in the private sector while expenditure in the public sector grew by 27%. Revenue for the public sector over the same period has grown only by 4% while private sector revenue has grown by 37%.

Hospitals and hospital beds

Information on the number of hospitals and hospital beds available by State and Territory is provided in Table 3.2. Data in this table are provided for both public and private hospitals. Nationally, there were 1,257 hospitals, of which 755 were public hospitals. Public hospitals provided 53,885 beds nationally (68% of the national total), compared to the 25,206 beds provided in private hospitals (32% of beds nationally).

Apparent changes and differences in the number of hospitals reported by States and Territories are mainly caused by changes in administrative or reporting arrangements and not necessarily by changes to the number of hospital campuses or buildings. Some groups of hospitals have been amalgamated into single units since the 1997–98 report and have been counted as one unit in the 1998–99 report. Conversely some hospitals which were previously counted under networks in 1997–98 have been counted separately in 1998–99. In

addition, the service delivery structure differs between jurisdictions and the count of hospitals in States and Territories does not provide useful comparative data.

It is on account of changes in reporting at the hospital campus level that comparing increases or decreases in the number of available beds across years has become a more reliable indicator of shifts in the availability of hospital services. Nationally, there were 1,850 fewer available beds in public hospitals in 1998–99 when compared with 1997–98. This represents a national decline of 3.3% in available public hospital beds, although there was a small increase in Western Australia and Tasmania included 177 psychiatric hospital beds in 1998–99, which were not reported in 1997–98 data.

Hospital size

Table 3.3 presents information on the distribution of hospitals by their size, which has been determined by the number of available beds. The median bed size of public hospitals Australia-wide was 28 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. Again the caveats about the definitions of hospitals need to be regarded.

Regional distribution of beds

The distribution of public hospital beds across metropolitan, rural and remote areas is presented in Table 3.4. Information on the number of available beds per 1,000 population is also provided as a comparative measure across States and Territories. This table does not, however, provide data on the distribution and availability of private hospital beds, nor does it take account of the differences in areas serviced by a hospital or the different types of services provided. The availability of beds ranged between 2.6 beds per 1,000 population nationally in metropolitan areas, 3.4 beds per 1,000 population in rural areas and 4.9 beds per 1,000 population in remote areas. However, there is not an exact geographic fit between population distribution and the distribution of hospital services. Hospitals based in central locations may also serve patients who reside in rural and remote areas of a State or Territory or in other jurisdictions.

There is a higher rate of public hospital beds in rural and remote areas than in metropolitan areas. The higher rate of beds in non-metropolitan areas also balances other health infrastructure differentials such as the shortages of medical practitioners in rural and remote areas (Strong et al. 1998). This difference in the supply of beds also affects utilisation rates by hospital sector (see Figures 5.1 and 5.2). Many of the rural and remote hospitals have a high proportion of nursing home type patients who, in metropolitan areas, are cared for in nursing homes or hostels.

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 3.5. By far, the most common specialised services offered by hospitals nationally were obstetric/maternity services, and services provided by domiciliary care units 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 nationally, reflecting the highly specialised nature of those services and the limited demand. Data on specialised services were not available for all hospitals and are under counted for some jurisdictions.

Staffing

Information on the number of staff employed in public hospitals by State and Territory is presented in Table 3.6. Data on full time equivalent staff are reported here 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 in some staffing categories only are reported. New South Wales, Western Australia and Tasmania were unable to provide information by nurse categories, although data on total nurse numbers are provided.

Nationally, 175,535 full time equivalent staff were employed in the public hospital sector in 1998–99. Nurses constituted 45% (78,319) of public hospital staff; registered nurses were the largest group in those States and Territories that reported a break down of the nursing categories.

There were 16,458 salaried medical officers employed in public hospitals throughout Australia, representing 9% 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 3.8 for data on payments to VMOs.) The total number of medical practitioners is presented in Table 3.7.

Variation in some staffing categories (in particular, ‘other personal care staff’ and ‘domestic & 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 and New South Wales did not provide data on ‘other personal care staff’ and these staff are included in the ‘diagnostic/allied health’ and ‘domestic’ staffing categories.

Advice from the States and Territories indicates that 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 apparent decline in full time equivalent staff in some staffing categories and also some of the differences between the States and Territories.

Medical practitioners in public and private hospitals

The data presented in Table 3.7 shows that the majority of medical practitioners in both the public and private hospital sector were specialists and practised in clinical roles. Medical practitioners employed in administrative positions were the largest group in non-clinical practice accounting for 1.4% and 0.6% respectively of all medical practitioners working in public or private hospitals.

This table differs in scope and source from data presented elsewhere in this report. It is based on a survey of medical practitioners rather than on data provided by hospitals, and provides a count of the persons who practised rather than the number of full time equivalents. A practitioner may be counted in both the public and private sectors but is counted once only in each sector.

The medical practitioner survey is conducted in conjunction with the annual renewal of practice registration in each State and Territory. Coverage may exclude practitioners with a recent initial registration and those with a conditional registration for a fixed period who do not receive a renewal notice. The national response rate of those surveyed is estimated at 81%, after adjustment for practitioners who may be registered in more than one State or Territory but who responded in only one (AIHW 2000 (a)).

The survey may understate the number of medical practitioners practising in hospitals. Medical practitioners practising in more than one location, for example, private rooms and a hospital, may not report all practice locations. The questionnaire is being reviewed to alleviate this problem.

Recurrent expenditure

Commonwealth and State government expenditure for 1998–99 on public hospitals, including public psychiatric hospitals, accounts for over one-third of all government sector expenditure on health in this period (AIHW 2000(b)). For the purpose of this report, expenditure is a mixture of:

- expenditure for hospitals in the States and Territories that reported on an accrual basis relating to 1998–99 and
- payments made during 1998–99 for those States and Territories that reported on a 'cash' basis.

Data reported to the National Public Hospital Establishments Database are not comparable with other data sources (for example, data reported in the Institute's annual *Health Expenditure Bulletin* (AIHW 2000(b))). The data presented in this report excludes expenditure for population health, primary and community based services administered by hospitals, and trust fund expenditure.

Nationally, recurrent expenditure on public acute and psychiatric hospitals was \$13.7 billion in 1998–99. Information on gross recurrent expenditure, categorised into salary and non-salary expenditure, is presented in Table 3.8. Real recurrent expenditure in 1998–99 was \$13.3 billion (referenced to 1996–97 constant prices) and there was a real increase in recurrent expenditure in the 1998–99 year of 2.0% (real recurrent expenditure in 1997–98 was \$12.8 billion referenced to 1996–97 constant prices).

The largest share of expenditure 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 \$13.7 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 have included payments for pathology provided by the statewide pathology services, rather than being provided by each hospital's employees.

There are a few problems with the data in that 1997–98 workers compensation payments were included with Superannuation, but for 1998–99 they are included with Administrative expenses.

Depreciation has also been reported in Table 3.8, and the data show that there is variation between States and Territories in reporting, ranging from 4.5% of total expenditure in New South Wales to 1.0% in Tasmania. It is anticipated that as accrual accounting becomes universally adopted by health authorities, comparable data on depreciation will become available. Depreciation data effectively provides a smoothed out annual report on capital expenditure (how capital is expended or used up). Depreciation is typically not applied to land.

Increasing efficiency in recurrent expenditure can be achieved through outlays on capital such as improved buildings and equipment. Shifts in costs between capital and recurrent expenditure can also be caused by changes in, for example, leasing arrangements. The

participation of the private sector in providing capital for public hospital services may also be a source of difference between jurisdictions.

Revenue

Hospital revenue (excluding general revenue payments received from State or Territory governments) is reported in Table 3.9. 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 revenues. In data reported for Queensland, 'patient revenue' includes revenue for items such as pharmacy and ambulance, which could be considered as 'recoveries'.

There is some inconsistency in the treatment of income from asset sales. Western Australia netted out asset sales in their capital expenditure accounts, 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.

Australian public hospitals received \$1.2 billion in revenue in 1998–99. This was equivalent to 9% of total recurrent expenditure. Revenue as a proportion of total expenditure was, however, variable across States and Territories. Public hospital revenue in Tasmania and the Australian Capital Territory represented 12% of expenditure, whereas public hospital revenue in Queensland was equivalent to only 4% of expenditure.

Patient revenue, the largest revenue category, accounted for 62% of all revenue, and was equivalent to 5% of total expenditure.

Quality of establishments data

Timeliness and quality of hospital performance indicators has improved substantially over recent years, however limitations remain, particularly due to the quality of financial reporting.

Capital expenditure is not reported this publication. Not all jurisdictions were able to report using the *National Health Data Dictionary* (NHDC 1998) categories.

There remains more developmental work to be carried out in the area of capital and in the capacity of the States to report as specified in the *NHDD*. *Australian Hospital Statistics 1997–98* used data from the Australian Bureau of Statistics' Public Finance Database (ABS 1999), in conjunction with data sourced from the Victorian Department of Human Services annual report for that year. Capital expenditure is also allied with other concepts such as amortisation, cost of capital, opportunity cost and total levels of gross fixed capital assets at replacement, current market and depreciated values. Outlays on capital can also be confused with capital works which can include repairs and maintenance.

The Institute will continue to seek to improve reporting on capital outlays and depreciation through the National Health Information Agreement process and through consultation with the Australian Bureau of Statistics.

The National Health Data Committee is undertaking the resolution of inconsistent financial reporting in consultation with senior finance and information officers in the States and Territories. Recommendations are to be developed for improved classification standards and methods for consistent identification and reporting at the hospital or health service delivery level. This will include areas of expenditure that have been identified as being inconsistently reported, such as:

- expended revenue from trust funds;
- expenditure at the area (or district/regional) health service administration level; and
- group services expenditure (e.g. central laundry and pathology services).

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. As noted above, moves toward accrual accounting will improve the quality of financial data.

Table 3.1: Summary of hospitals, Australia, 1994–95 to 1998–99

	1994–95	1995–96 ^(a)	1996–97 ^(b)	1997–98	1998–99
Public acute and psychiatric hospitals					
Hospitals ^(c)	745	756	727	764	755
Available beds	59,273	59,720	56,836	55,735	53,885
Beds per 1,000 population	3.3	3.3	3.1	3.0	2.9
Non-admitted occasions of service ^(d)	31,567,409 ^(e)	34,543,875	32,030,998	32,605,248	34,251,233
Total salary expenditure (\$'000)	7,039,268 ^(f)	7,704,239	7,839,999	8,242,305	8,551,873
Total non-salary expenditure (\$'000)	3,710,175 ^(f)	4,160,121	4,320,898	4,783,440	5,125,518
Total recurrent expenditure (\$'000)	10,749,443 ^(f)	11,864,360	12,160,897	13,025,745	13,677,391
Total revenue (\$'000)	1,130,468	1,116,942	1,009,502	1,068,763	1,175,653
Private hospitals					
Hospitals	328	323	319	317	312
Available beds	22,370	22,757	22,966	23,091	23,746
Beds per 1,000 population	1.2	1.3	1.2	1.2	1.3
Total recurrent expenditure (\$'000)	2,503,067	2,823,781	3,087,710	3,231,530	3,613,591
Total revenue (\$'000)	2,763,174	3,083,859	3,374,271	3,517,030	3,797,681
Private free-standing day hospital facilities					
Day hospital facilities	125	140	153	175	190
Total recurrent expenditure (\$'000)	70,044	80,238	95,410	122,311	137,480
Total revenue (\$'000)	85,805	99,305	119,215	145,278	161,400

(a) Data for 1995–96 have been corrected since originally published in *Australian Hospital Statistics 1995–96* by the issuing of an errata.

(b) From 1996–97 New South Wales excluded population health and primary and community-based program expenditure, and expended trust funds, which had been included prior to 1995–96. This causes a discontinuity in the expenditure data between 1995–96 and 1996–97.

(c) Apparent differences in the number of hospitals reported are, in many instances, caused more by changes in administrative or reporting arrangements than by actual differences in the number of buildings.

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

(e) Excludes Western Australia.

(f) Excludes some Victorian public psychiatric hospitals.

Table 3.2: Number of hospitals^(a) and available beds by hospital sector and type, States and Territories, 1998–99

	NSW ^(c)	Vic ^(d)	Qld	WA	SA ^(e)	Tas	ACT ^(c)	NT ^(e)	Total
Hospitals									
Public acute hospitals	210	140	180	87	79	22	3	5	726
Public psychiatric hospitals ^(f)	8	2	8	7	1	3	0	0	29
<i>Total public hospitals</i>	<i>218</i>	<i>142</i>	<i>188</i>	<i>94</i>	<i>80</i>	<i>25</i>	<i>3</i>	<i>5</i>	<i>755</i>
Private free-standing day hospital facilities	83	41	30	11	15	4	6	0	190
Private other ^(g)	87	95	52	28	37	9	3	1	312
<i>Total private hospitals</i>	<i>170</i>	<i>136</i>	<i>82</i>	<i>39</i>	<i>52</i>	<i>13</i>	<i>9</i>	<i>1</i>	<i>502</i>
Total hospitals	388	278	270	133	132	38	12	6	1,257
Available beds									
Public acute hospitals	17,649	11,565	9,814	4,894	4,630	1,022	710	567	50,851
Public psychiatric hospitals ^(f)	1,108	73	829	442	465	117	..	..	3,034
<i>Total beds available in public hospitals</i>	<i>18,757</i>	<i>11,638</i>	<i>10,643</i>	<i>5,336</i>	<i>5,095</i>	<i>1,139</i>	<i>710</i>	<i>567</i>	<i>53,885</i>
Private free-standing day hospital facilities	685	256	306	87	102	24	n.p.	..	1,460
Private other ^(g)	6,528	6,357	4,990	2,894	2,199	778	n.p.	n.p.	23,746
<i>Total beds available in private hospitals</i>	<i>7,213</i>	<i>6,613</i>	<i>5,296</i>	<i>2,981</i>	<i>2,301</i>	<i>802</i>	<i>n.p.</i>	<i>n.p.</i>	<i>25,206</i>
Total available beds	25,970	18,251	15,939	8,317	7,396	1,941	710	567	79,091

(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.

(c) Available beds in *private* hospitals for the Australian Capital Territory are included with New South Wales.

(d) The count of hospitals in Victoria is a count of the campuses which report data separately to the Victorian Admitted Episodes Database.

(e) Available beds in *private other* hospitals for the Northern Territory are included with South Australia.

(f) Includes public psychiatric and alcohol and drug hospitals.

(g) Includes private acute and private psychiatric hospitals.

.. not applicable.

n.p. not published.

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

Table 3.3: Number of public acute and psychiatric hospitals^(a) and available beds by hospital size, States and Territories, 1998–99

Hospital size ^(b)	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Less than 11	15	39	74	22	7	14	1	0	172
11–50	117	46	78	52	55	7	0	2	357
51–100	36	23	12	6	9	0	0	1	87
101–200	27	15	7	8	3	1	1	1	63
201–500	15	17	14	4	5	2	0	1	58
501+	8	2	3	2	1	0	1	0	17
Total	218	142	188	94	80	24	3	5	754
Available beds									
Less than 11	88	122	212	159	44	70	10	..	705
11–50	3,132	1,236	2,021	1,194	1,489	153	..	50	9,275
51–100	2,613	1,649	961	374	625	..	..	60	6,282
101–200	3,870	2,111	1,007	1,034	494	136	162	160	8,974
201–500	4,297	5,277	4,065	1,207	1,804	710	..	297	17,657
501+	4,756	1,244	2,378	1,367	638	..	538	..	10,921
Total	18,756	11,639	10,644	5,335	5,094	1,069	710	567	53,814

(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.

(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 Victorian Admitted Episodes Database.

.. not applicable.

Table 3.4: Number of hospitals^(a) and available beds per 1,000 population by metropolitan, rural and remote region, public acute and psychiatric hospitals, States and Territories, 1998–99

Region	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Capital cities	49	46	29	20	15	6	3	1	169
Other metropolitan centres	18	2	4	..	..	..	..	..	24
<i>Total metropolitan</i>	<i>67</i>	<i>48</i>	<i>33</i>	<i>20</i>	<i>15</i>	<i>6</i>	<i>3</i>	<i>1</i>	<i>193</i>
Large rural centres	11	6	8	..	1	2	..	..	28
Small rural centres	24	12	6	3	5	1	..	..	51
Other rural areas	97	74	54	33	47	14	0	0	319
<i>Total rural</i>	<i>132</i>	<i>92</i>	<i>68</i>	<i>36</i>	<i>53</i>	<i>17</i>	<i>0</i>	<i>0</i>	<i>398</i>
Remote centres	..	..	16	9	..	..	..	2	27
Other remote areas	19	2	71	29	12	2	..	2	137
<i>Total remote</i>	<i>19</i>	<i>2</i>	<i>87</i>	<i>38</i>	<i>12</i>	<i>2</i>	<i>..</i>	<i>4</i>	<i>164</i>
Total all regions	218	142	188	94	80	25	3	5	755
Available beds per 1,000 population									
Capital cities	2.6	2.3	3.1	2.6	2.9	2.9	2.3	3.5	2.6
Other metropolitan centres	2.9	2.8	2.3	..	..	..	..	..	2.7
<i>Total metropolitan</i>	<i>2.7</i>	<i>2.3</i>	<i>2.9</i>	<i>2.6</i>	<i>2.9</i>	<i>2.9</i>	<i>2.3</i>	<i>3.5</i>	<i>2.6</i>
Large rural centres	4.4	4.3	4.2	..	3.2	3.2	..	..	4.2
Small rural centres	3.4	3.8	2.1	2.3	4.5	2.4	..	..	3.2
Other rural areas	4.0	2.6	2.6	4.0	5.0	1.1	..	..	3.3
<i>Total rural</i>	<i>3.9</i>	<i>3.2</i>	<i>3.1</i>	<i>3.3</i>	<i>4.8</i>	<i>2.0</i>	<i>..</i>	<i>..</i>	<i>3.4</i>
Remote centres	..	..	3.7	4.5	..	..	..	6.2	4.4
Other remote areas	5.8	2.3	7.2	5.2	6.5	3.2	..	1.0	5.2
<i>Total remote</i>	<i>5.8</i>	<i>2.3</i>	<i>5.5</i>	<i>4.8</i>	<i>6.5</i>	<i>3.2</i>	<i>..</i>	<i>3.1</i>	<i>4.9</i>
Total all regions	3.0	2.5	3.1	3.0	3.4	2.4	2.3	3.0	2.9

(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.

(b) The count of hospitals in Victoria is a count of the campuses which report data separately to the Victorian Admitted Episodes Database.

.. not applicable.

Table 3.5: Number of public acute hospitals^(a) with specialised services, States and Territories, 1998–99

Specialised services	NSW	Vic ^(b)	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Acute renal dialysis unit	12	10	6	4	4	2	1	2	41
Acute spinal cord injury unit	2	1	1	2	1				7
AIDS unit	10	2	4	3	1		1	1	22
Alcohol and drug unit	43	17	7	6	5			1	79
Burns unit (level III)	4	2	3	2	2	1			14
Cardiac surgery unit	11	7	3	4	3	1	1		30
Clinical genetics unit	6	6	3	2	2		1		20
Coronary care unit	53	29	17	8	9	3	2	2	123
Diabetes unit	20	15	11	5	5	3	1	1	61
Domiciliary care service	116	107	15	49	36	1		3	327
Geriatric assessment unit	48	35	10	19	15	1	1		129
Hospice care unit	33	42	13	20	20				128
Infectious diseases unit	9	8	8	5	4		1	2	37
Intensive care unit (level III)	42	24	3	7	6	3	1	2	88
In-vitro fertilisation unit	3	5		1	2				11
Maintenance renal dialysis centre	28	53	15	10	6	2	1	2	117
Major plastic/reconstructive surgery unit	9	13	6	5	6	1	1		41
Neonatal intensive care unit (level III)	14	6	3	2	2	1	1	1	30
Neurosurgical unit	11	7	6	3	4	1	1		33
Nursing home care unit	79	85	19	42	37	9			271
Obstetric/maternity service	107	77	66	39	39	5	3	5	341
Oncology unit	33	24	14	6	7	3	1		88
Psychiatric unit/ward	38	36	16	11	8	2	2	2	115
Refractory epilepsy unit	4	4		2	1	1			12
Rehabilitation unit	48	31	12	11	18	3	1	2	126
Sleep centre	10	8	5	2	4				29
Specialist paediatric service	55	35	22	13	9	3	2	3	142
Transplantation unit—bone marrow	8	6	2	5	2	1	1		25
Transplantation unit—heart (including heart/lung)	1	2	1	1					5
Transplantation unit—liver	3	2	2	1	1				9
Transplantation unit—pancreas	1	1			1				3
Transplantation unit—renal	9	6	1	2	1				19

(a) Excludes psychiatric and drug and alcohol hospitals.

(b) 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, it was counted as one.

Note: These data for some jurisdictions were not available for all hospitals so the number of services is therefore under-enumerated.

Table 3.6: Average full time equivalent staff,^(a) public acute and psychiatric hospitals, States and Territories, 1998–99

Staffing category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(f)	Tas ^(g)	ACT	NT	Total
Full time equivalent staff numbers									
Salaried medical officers	5,646	3,767	3,261	1,488	1,505	298	280	213	16,458
Registered nurses	n.a.	14,887	11,935	7,021	5,861	n.a.	1,167	828	n.a.
Enrolled nurses	n.a.	2,327	2,284	489	1,497	n.a.	192	146	n.a.
Student nurses	n.a.	..	..	4	..	n.a.	0	0	n.a.
Trainee/pupil nurses	n.a.	..	..	n.a.	0	n.a.	0	0	n.a.
<i>Total nurses</i>	<i>28,218</i>	<i>17,214</i>	<i>14,219</i>	<i>7,514</i>	<i>7,358</i>	<i>1,463</i>	<i>1,359</i>	<i>974</i>	<i>78,319</i>
Other personal care staff	..	723	848	497	..	..	125	96	2,289
Diagnostic & allied health professionals	8,188	6,408	3,028	2,224	1,885	352	457	144	22,686
Administrative & clerical staff	8,519	6,616	4,363	3,064	2,672	396	468	312	26,410
Domestic & other staff	11,671	5,112	5,750	3,097	2,410	613	212	508	29,373
Total staff	62,242	39,840	31,469	17,884	15,830	3,122	2,901	2,247	175,535

(a) Where average full time equivalent staff numbers were not available, staff numbers at 30 June 1998 were used.

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

(c) For Victoria FTEs may be slightly understated.

(d) For Queensland many hospitals were unable to provide a split between *Registered* and *Enrolled nurses* or between *Other personal care staff* and *Domestic & other* or *Diagnostic & health professional staff*. In these cases, the data are a best estimate only.

(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) South Australian *Other personal care staff* are included in *Diagnostic & health professionals* and *Domestic & other staff*. Most *Trainee/pupil nurses* are enrolled in tertiary institutions.

(g) For Tasmania staff numbers were only available for the three major hospitals, which account for 92% of total separations. Data has been calculated using only those 3 hospitals.

n.a. not available.

.. not applicable.

Table 3.7: Medical practitioners working in public and private hospitals,^(a) by type of occupation, States and Territories, December 1998

Occupation ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Clinician									
Primary care	1,490	649	249	167	218	46	17	6	2,837
Hospital non-specialist	854	146	872	410	232	36	91	78	2,641
Specialist	4,222	3,246	1,426	867	1,024	235	140	91	11,161
Specialist-in-training	1,529	850	720	422	344	50	83	42	3,997
<i>Total</i>	<i>8,095</i>	<i>4,890</i>	<i>3,267</i>	<i>1,866</i>	<i>1,819</i>	<i>367</i>	<i>332</i>	<i>217</i>	<i>20,636</i>
Administrator	111	92	36	24	19	3	8	2	296
Teacher/educator	20	5	0	4	10	0	0	0	38
Researcher	54	32	7	8	4	0	0	1	105
Public health physician	30	18	50	34	21	7	0	11	171
Occupational health physician	12	7	0	0	3	2	6	0	29
Other	121	56	55	23	23	9	13	0	300
Total public	8,443	5,099	3,416	1,960	1,897	388	359	231	21,576
Private hospitals									
Clinician									
Primary care	747	553	141	33	66	13	22	4	1,576
Hospital non-specialist	106	63	90	12	19	16	11	0	319
Specialist	1,896	1,216	345	174	162	63	59	6	3,916
Specialist-in-training	203	131	39	19	31	5	2	0	429
<i>Total</i>	<i>2,952</i>	<i>1,964</i>	<i>615</i>	<i>238</i>	<i>278</i>	<i>98</i>	<i>94</i>	<i>10</i>	<i>6,239</i>
Administrator	21	5	3	5	3	0	2	0	40
Teacher/educator	2	4	0	0	1	0	0	0	7
Researcher	12	2	3	0	0	0	0	0	16
Public health physician	8	7	2	3	1	0	0	0	21
Occupational health physician	2	2	0	0	0	0	0	0	4
Other	53	45	8	2	10	0	2	0	120
Total private	3,049	2,029	631	249	294	98	98	10	6,448

(a) The annual medical labour force survey gives medical practitioners the option to report up to three jobs which are related to their medical qualifications. Therefore, a practitioner can report a job in both public and private sectors and be counted in each. Medical practitioners practising in more than one location, for example, private rooms and a hospital, may not report all practice locations.

(b) A medical practitioner who reports working as a clinician in any medical-related job is counted as a clinician in these data. For example, a practitioner whose main job is as a researcher but who also reports some clinical work will be counted as a clinician. An administrator who does research as a second job will be counted as an administrator if that is his/her main job. 'Main job' is the job in which the most hours per week are worked.

Source: AIHW 2000a

Table 3.8: Recurrent expenditure (\$'000), public acute and psychiatric hospitals, States and Territories, 1998–99

Recurrent expenditure category	NSW ^(a)	Vic	Qld ^(b)	WA ^(c)	SA ^(d)	Tas ^(e)	ACT	NT ^(f)	Total
Salaried medical officers	493,609	396,950	258,310	140,903	115,834	28,691	29,046	21,109	1,484,452
Registered nurses	n.a.	810,740	586,124	333,767	275,546	n.a.	58,208	42,119	2,106,504
Enrolled nurses	n.a.	111,364	81,717	15,735	55,317	n.a.	6,612	5,570	276,315
Student nurses	n.a.	..	..	90	..	n.a.	0	0	90
Trainee/pupil nurses	n.a.	..	..	n.a.	0	n.a.	0	0	0
<i>Total nurses</i>	<i>1,449,214</i>	<i>922,104</i>	<i>667,841</i>	<i>349,592</i>	<i>330,863</i>	<i>69,090</i>	<i>64,820</i>	<i>47,689</i>	<i>3,901,213</i>
Other personal care staff	n.a.	17,889	27,889	13,709	n.a.	n.a.	3,992	3,730	67,209
Diagnostic & health professionals	383,216	311,125	140,853	100,979	78,212	19,459	22,419	9,235	1,065,498
Administrative & clerical staff	361,193	271,928	152,588	112,008	87,781	18,358	20,427	12,943	1,037,226
Domestic & other staff	402,523	185,443	185,924	99,210	66,228	21,317	6,943	20,592	988,180
Not reported	..	7,722	..	..	..	373	..	..	8,095
Total salary & wages expenditure	3,089,755	2,113,161	1,433,405	816,401	678,918	157,288	147,647	115,298	8,551,873
Payments to visiting medical officers	293,088	83,936	52,027	67,857	65,159	9,643	17,428	2,526	591,664
Superannuation payments	243,126	146,342	129,937	71,654	58,469	15,465	19,395	n.a.	684,388
Drug supplies	237,963	158,011	124,885	66,688	53,392	13,106	13,626	9,236	676,907
Medical & surgical supplies	276,702	251,514	208,771	85,120	69,280	19,596	23,699	8,625	943,307
Food supplies	64,212	38,928	22,314	11,479	10,822	3,303	3,407	1,779	156,244
Domestic services	122,493	92,477	72,364	37,024	34,326	7,098	10,154	8,958	384,894
Repairs & maintenance	114,895	76,135	45,505	41,288	45,578	7,618	7,119	3,905	342,043
Patient transport	34,337	13,905	13,857	10,891	8,816	2,901	916	4,156	89,779
Administrative expenses	292,833	181,773	108,033	79,699	61,771	15,970	16,118	12,389	768,586
Interest payments	1,136	561	n.a.	23,870	1,700	0	40	n.a.	27,307
Depreciation	236,544	n.a.	n.a.	55,951	n.a.	2,888	10,576	n.a.	305,959
Other recurrent expenditure	202,346	105,261	564	46,782	40,168	13,960	13,667	9,235	431,983
Not reported	..	5,586	..	..	..	22,830	..	..	28,416
Total non-salary expenditure excluding depreciation	1,883,131	1,154,429	778,257	542,352	449,481	131,490	125,569	60,809	5,125,518
Total expenditure excluding depreciation	4,972,886	3,267,590	2,211,662	1,358,753	1,128,399	288,778	273,216	176,107	13,677,391

(a) New South Wales expenditure recorded against special purposes and trust funds is excluded. *Other personal care staff* are not reported separately.

(b) Queensland *Interest payments* are included in *Administrative expenses*. Pathology services are now purchased from a statewide pathology service rather than being provided by each hospitals employees.

(c) Western Australian *Superannuation* may vary substantially from previous years which were largely based on cash rather than accrual accounting.

(d) South Australian *Other personal care staff* are included in *Diagnostic & health professionals* and *Domestic & other staff*. *Interest payments* are included in *Administrative expenses*. Most *Trainee/pupil nurses* are enrolled in tertiary institutions. Termination payments are included in *Other recurrent expenditure*.

(e) Tasmanian hospitals pay payroll tax, with most being included in *Administrative expenses* and the remainder in *Other recurrent expenditure*. *Other personal care* staff are not reported separately.

(f) Hospitals in the Northern Territory make no contribution to *Superannuation*. *Interest payments* are not reported.

n.a. not available.

.. not applicable.

Table 3.9: Revenue (\$'000), public acute and psychiatric hospitals, States and Territories, 1998–99

Revenue source	NSW	Vic	Qld^(a)	WA	SA	Tas	ACT	NT	Total
Patient revenue	330,549	208,873	63,043	49,034	44,425	18,658	14,122	3,053	731,757
Recoveries	106,342	46,878	16,445	24,245	151	5,251	6,722	3,045	209,079
Other revenue	48,145	93,287	18,076	33,741	6,771	3,355	10,768	13,743	227,886
Not reported	..	..	..	..	..	6,931	..	..	6,931
Total revenue	485,036	349,038	97,564	107,020	51,347	34,195	31,612	19,841	1,175,653

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

.. not applicable.