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, 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.

The data in this chapter primarily relate to public hospitals; however, data on private hospitals are also presented in Table 3.1 to 1998–99. When data for private hospitals in 1999–00 becomes available from the ABS, it will be added to the Internet versions of Tables 3.1 to 3.4.

Hospitals by sector, 1995-96 to 1999-00

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 must be made with care.

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 relevant measure, has decreased by 3% per year since 1995–96 from 59,720 to 52,947.

From 1995–96 to 1998–99, expenditure increased by 29% in the private sector (9% per year). Public hospital expenditure grew by 5% in 1999–00 which was the average annual growth for the period 1995–96 to 1999–00.

Revenue for the public sector increased by 2.3% per year in the period 1995–96 to 1999–00, while private sector revenue grew by 7.2% per year in the period 1995–96 to 1998–99.

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 public hospitals only. Nationally, there were 748 public hospitals with 52,947 beds.

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 1998–99 report and have been counted as one unit in the 1999–00 report. Conversely some hospitals which were previously counted under networks in 1998–99 have been counted separately in 1999–00. In addition, the service delivery structure differs between jurisdictions and the count of hospitals in States and Territories does not provide useful comparative data.

Comparing increases or decreases in the number of available beds across years is a more reliable indicator of shifts in the availability of admitted patient services. Nationally, there were 938 fewer available beds in public hospitals in 1999–00 when compared with the 53,885 beds in 1998–99. This represents a national decline of 1.7% in available public hospital beds which is lower than the annual average decline of 3.0% in the period 1995–96 to 1999–00.

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. There are many small sized hospitals, particularly in those jurisdictions that cover large geographic areas. The majority of beds are in larger hospitals and in more densely populated areas. Although 69% of hospitals had fewer than 50 beds, these small hospitals had only 18% of available beds.

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 public hospital beds ranged between 2.6 beds per 1,000 population nationally in metropolitan areas, 3.3 beds per 1,000 population in rural areas and 4.9 beds per 1,000 population in remote areas. 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.

The higher rate of public hospital beds in rural and remote areas than in metropolitan areas partly balances the lower relative provision of private hospital beds in the rural and remote 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 (AIHW: Strong et al. 1998). 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 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 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, 175,291 full time equivalent staff were employed in the public hospital sector in 1999–00. Nurses constituted 45% (79,006) 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 16,688 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 3.7 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 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.

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 explains 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

Commonwealth and State government expenditure for 1999–00 on public hospitals, including public psychiatric hospitals, accounts for over one-third of all government sector expenditure on health in this period (AIHW 2000b). Expenditure is a mixture of expenditure for hospitals in the States and Territories that reported on an accrual basis relating to 1999–00 and payments made during 1999–00 for those States and Territories that reported on a 'cash' basis.

Expenditure data reported to the National Public Hospital Establishments Database are not exactly comparable with other data such as data reported in the Institute's annual *Health Expenditure Bulletin* (AIHW 2000b). The data presented in this report excludes expenditure for population health, primary and community based services administered by New South Wales hospitals, and trust fund expenditure, whereas the Health Expenditure Bulletins include it.

Nationally, recurrent expenditure on public acute and psychiatric hospitals was \$14.4 billion in 1999–00. Information on gross recurrent expenditure, categorised into salary and

non-salary expenditure, is presented in Table 3.7. Real recurrent expenditure in 1999–00 was \$14.0 billion (referenced to 1998–99 constant prices) and there was a real increase in recurrent expenditure as compared to 1998-99 of 2.6%.

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 62% of the \$14.4 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.

Depreciation has also been reported in Table 3.7 for some jurisdictions, and the data show that there is variation between States and Territories, ranging from 6.5% of total expenditure in Queensland to 4.0% in Western Australia. It is anticipated that as accrual accounting becomes universally adopted by health authorities, comparable data on depreciation will become available. Depreciation data effectively provide a smoothed-out annual report on capital expenditure (how capital is expended or used up).

Revenue

Hospital revenue (excluding general revenue payments received from State or Territory governments) is reported in Table 3.8. 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 its capital expenditure accounts, South Australia netted out land sales in its 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 1999–00. This was 9% of total recurrent expenditure. Revenue as a proportion of total expenditure was variable across States and Territories. Public hospital revenue in Tasmania and the Australian Capital Territory represented 11% of expenditure, whereas public hospital revenues in Queensland and South Australia were less than 5% of expenditure.

Patient revenue, the largest revenue category, accounted for 59% of all revenue, and was 5% of total recurrent expenditure.

Table 3.1: Summary of hospitals, Australia, 19	95-96 to 1999-00
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	1995–96	1996–97(a)	1997–98	1998–99	1999–00	Change(b)
Public acute and psychiatric hospitals						
Hospitals(c)	756	727	764	755	748	
Available beds	59,720	56,836	55,735	53,885	52,947	-3.0%
Beds per 1,000 population	3.3	3.1	3.0	2.9	2.8	-4.1%
Non-admitted occasions of service(d)	34,543,875	32,030,998	32,605,248	34,251,233	33,683,679	-0.6%
Total salary expenditure (\$'000)	7,704,239	7,839,999	8,242,305	8,551,873	8,934,794	3.8%
Total non-salary expenditure (\$'000)	4,160,121	4,320,898	4,783,440	5,125,518	5,415,618	6.8%
Total recurrent expenditure (\$'000)	11,864,360	12,160,897	13,025,745	13,677,391	14,350,412	4.9%
Total revenue (\$'000)	1,116,942	1,009,502	1,068,763	1,175,653	1,223,461	2.3%
Private hospitals						
Hospitals	323	319	317	312	n.a.	
Available beds	22,757	22,966	23,091	23,746	n.a.	1.4%
Beds per 1,000 population	1.3	1.2	1.2	1.3	n.a.	0.2%
Total recurrent expenditure (\$'000)	2,823,781	3,087,710	3,231,530	3,613,591	n.a.	8.6%
Total revenue (\$'000)	3,083,859	3,374,271	3,517,030	3,797,681	n.a.	7.2%
Public and private hospitals						
Hospitals	1,079	1,046	1,081	1,067	n.a.	
Available beds	82,477	79,802	78,826	77,631	n.a.	-2.0%
Beds per 1,000 population	4.5	4.3	4.2	4.1	n.a.	-3.1%
Total recurrent expenditure (\$'000)	14,688,141	15,248,607	16,257,275	17,290,982	n.a.	5.6%
Total revenue (\$'000)	4,200,801	4,383,773	4,585,793	4,973,334	n.a.	5.8%
Private free-standing day hospital facilitie	s					
Day hospital facilities	140	153	175	190	n.a.	
Total recurrent expenditure (\$'000)	80,238	95,410	122,311	137,480	n.a.	19.7%
Total revenue (\$'000)	99,305	119,215	145,278	161,400	n.a.	17.6%
Public and private hospitals and facilities						
Hospitals and facilities	1,219	1,199	1,256	1,257	n.a.	
Total recurrent expenditure (\$'000)	14,768,379	15,344,017	16,379,586	17,428,462	n.a.	5.7%
Total revenue (\$'000)	4,300,106	4,502,988	4,731,071	5,134,734	n.a.	6.1%

(a) From 1996-97 New South Wales excluded

population health and primary and community-

(b) Annual average percent changes. For section

on 'Public acute and psychiatric hospitals'

(c) Apparent changes in the number of hospitals

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

n.a. not available.

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

	NSW	Vic(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Public acute hospitals	207	142	179	88	79	21	3	5	724
Public psychiatric hospitals(c)	9	1	8	2	1	3	0	0	24
Total public hospitals	216	143	187	90	80	24	3	5	748
Available beds									
Public acute hospitals	16,686	12,072	9,598	5,000	4,566	1,035	675	540	50,172
Public psychiatric hospitals(c)	1,068	90	722	299	479	117			2,775
Total beds available in public hospitals	17,754	12,162	10,320	5,299	5,045	1,152	675	540	52,947

Table 3.2: Number of hospitals(a) and available beds by hospital sector and type, States and Territories, 1999-00

(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 public acute hospitals in Victoria is a count of the campuses which report separately to the Victorian Admitted Episodes Database, so is different to numbers reported in Table 2.4.

(c) Includes public psychiatric and alcohol and drug hospitals. Eg Queensland's 8 hospitals include 7 psychiatric and 1 alcohol and drug facility.

.. not applicable.

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

Hospital size ^(b)	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Less than 11	15	34	70	18	8	13	1	0	159
11–50	122	49	79	50	55	7	0	2	364
51–100	31	23	11	8	7	1	0	1	82
101–200	27	16	11	5	4	1	1	1	66
201–500	15	18	13	7	5	2	0	1	61
501+	6	3	3	2	1	0	1	0	16
Total	216	143	187	90	80	24	3	5	748
Available beds									
Less than 11	104	240	226	117	54	70	10		820
11–50	3,131	1,225	1,948	1,088	1,542	153		50	8,965
51–100	2,335	1,697	834	515	468	70		60	6,150
101–200	3,801	2,220	1,497	576	600	131	162	162	9,149
201–500	4,736	5,133	3,654	1,841	1,757	728		268	18,118
501+	3,648	1,647	2,161	1,162	624		503		9,744
Total	17,754	12,162	10,320	5,299	5,045	1,152	675	540	52,947

Table 3.3: Number of public acute and psychiatric hospitals^(a) and available beds by hospital size, States and Territories, 1999–00

(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.

e

Region	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Capital cities	50	47	28	16	15	6	3	1	166
Other metropolitan centres	19	2	5						26
Total metropolitan	69	49	33	16	15	6	3	1	192
Large rural centres	11	6	8		1	2			28
Small rural centres	23	9	6	3	5	1			47
Other rural areas	97	77	53	33	46	13	0	0	319
Total rural	131	92	67	36	52	16	0	0	394
Remote centres			16	9				2	27
Other remote areas	16	2	71	29	13	2		2	135
Total remote	16	2	87	38	13	2		4	162
Total all regions	216	143	187	90	80	24	3	5	748
Available beds per 1,000 population									
Capital cities	2.6	2.4	2.9	2.6	2.8	3.0	2.2	3.5	2.6
Other metropolitan centres	2.8	2.9	2.2						2.6
Total metropolitan	2.6	2.4	2.8	2.6	2.8	3.0	2.2	3.5	2.6
Large rural centres	4.2	4.3	3.8		3.0	3.2			4.0
Small rural centres	3.0	3.8	2.4	2.4	4.6	2.3			3.1
Other rural areas	3.5	2.6	2.6	4.4	4.9	1.1			3.2
Total rural	3.5	3.2	3.0	3.5	4.7	2.0			3.3
Remote centres			4.1	4.2				6.3	4.5
Other remote areas	5.6	1.9	7.1	5.2	8.0	3.2		1.0	5.2
Total remote	5.6	1.9	5.7	4.6	8.0	3.2		3.1	4.9
Total all regions	2.8	2.6	3.0	2.9	3.4	2.4	2.2	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.

Specialised services	NSW	Vic ^(b)	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Acute renal dialysis unit	14	12	5	5	4	2	1	2	45
Acute spinal cord injury unit	2	1	1	1	1				6
AIDS unit	8	4	4	2	1		1	1	21
Alcohol and drug unit	35	15	9	3	4			1	67
Burns unit (level III)	4	2	3	2	2	1			14
Cardiac surgery unit	10	8	3	4	3	1	1		30
Clinical genetics unit	9	5	2	3	2		1		22
Coronary care unit	49	27	16	6	10	3	2	2	115
Diabetes unit	22	14	8	8	6	3	1	1	63
Domiciliary care service	122	89	15	40	39	1		3	309
Geriatric assessment unit	47	32	12	17	11	1	1		121
Hospice care unit	29	26	10	23	20				108
Infectious diseases unit	9	11	7	4	4		1	2	38
Intensive care unit (level III)	40	19	4	6	5	3	1	2	80
In-vitro fertilisation unit	3	4			2				9
Maintenance renal dialysis centre	37	50	15	10	7	2	1	3	125
Major plastic/reconstructive surgery unit	10	10	4	4	3	1	1		33
Neonatal intensive care unit (level III)	13	4	3	2	2	1	1	1	27
Neurosurgical unit	12	9	6	4	4	1	1		37
Nursing home care unit	66	78	10	40	42	9			245
Obstetric/maternity service	90	67	61	40	32	5	3	5	303
Oncology unit	33	28	15	8	5	3	1		93
Psychiatric unit/ward	38	33	17	10	8	2	2	2	112
Refractory epilepsy unit	5	5		1	1	1			13
Rehabilitation unit	47	31	16	13	19	3	1	2	132
Sleep centre	10	7	4	2	4				27
Specialist paediatric service	49	24	29	15	9	3	2	3	134
Transplantation unit—bone marrow	9	6	2	3	2	1	1		24
Transplantation unit—heart (including heart/lung)	1	2	1	1					5
Transplantation unit—liver	2	2	2	1	1				8
Transplantation unit—pancreas	1	1							2
Transplantation unit—renal	9	6	1	2	2				20

Table 3.5: Number of public acute hospitals^(a) with specialised services, States and Territories, 1999-00

(a) Excludes psychiatric and drug and alcohol hospitals.

(b) underestimate

as some small

Note: For some jurisdictions these data 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, 1999-00

Staffing category	NSW ^(b)	Vic ^(c)	Qld	WA ^(d)	SA ^(e)	Tas ^(f)	ACT	NT	Total
Full time equivalent staff numbers									
Salaried medical officers	5,777	3,858	3,058	1,580	1,574	346	271	224	16,688
Registered nurses	n.a.	15,221	11,823	6,796	5,850	n.a.	1,122	824	
Enrolled nurses	n.a.	2,439	2,229	729	1,485	n.a.	177	156	
Student nurses	n.a.			n.a.		n.a.		0	
Trainee/pupil nurses	n.a.			n.a.		n.a.		0	
Total nurses	28,288	17,660	14,052	7,525	7,335	1,867	1,299	980	79,006
Other personal care staff	n.a.	523	527	650	n.a.	n.a.	122	95	
Diagnostic & allied health professionals	7,790	6,755	2,898	2,213	1,918	n.a.	333	153	
Administrative & clerical staff	8,442	6,672	4,262	2,949	2,640	n.a.	448	308	
Domestic & other staff	11,112	5,058	6,146	2,753	2,142	n.a.	197	507	
Total staff	61,409	40,526	30,943	17,670	15,609	4,197	2,670	2,267	175,291

(a) Where average full time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2000 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) 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

(e) South Australian Other personal care staff are included in Diagnostic & health professionals and Domestic & other staff.

(f) Except for medical officers, data is not available to reliably split staff FTE by staff category.

n.a. not available.

.. not applicable.

Recurrent expenditure category	NSW(a)	Vic	Qld(b)	WA	SA(c)	Tas(d)	ACT	NT(e)	Total
Salaried medical officers	551,982	422,500	273,947	162,881	125,495	33,135	28,783	24,584	1,623,307
Registered nurses	n.a.	878,689	600,694	352,812	282,351	n.a.	56,590	44,976	n.a.
Enrolled nurses	n.a.	114,405	85,542	19,493	56,001	n.a.	6,406	6,155	n.a.
Student nurses	n.a.		·	n.a.	·	n.a.	·	0	n.a.
Trainee/pupil nurses	n.a.			n.a.		n.a.		0	n.a.
Total nurses	1,437,060	993,094	686,236	372,305	338,352	71,379	62,996	51,131	4,012,553
Other personal care staff	n.a.	16,214	19,099	21,257	n.a.	n.a.	4,329	3,854	n.a.
Diagnostic & health professionals	390,542	329,422	147,825	105,523	91,576	n.a.	15,802	10,235	n.a.
Administrative & clerical staff	393,552	292,891	162,615	113,715	96,712	n.a.	19,294	15,070	n.a.
Domestic & other staff	366,697	192,028	203,857	91,759	66,553	n.a.	6,125	19,911	n.a.
Not allocable to a salary expenditure category		9,036				93,441			102,477
Total salary & wages expenditure	3,139,833	2,255,185	1,493,579	867,440	718,688	197,955	137,329	124,785	8,934,794
Payments to visiting medical officers	288,342	87,548	54,547	61,220	66,299	6,563	19,213	2,218	585,950
Superannuation payments	244,010	155,129	135,119	74,361	61,233	16,965	16,429	2,606	705,852
Drug supplies	257,068	172,449	119,292	74,928	58,012	14,858	12,671	9,955	719,233
Medical & surgical supplies	359,024	290,446	224,622	91,894	70,361	30,622	24,086	10,365	1,101,420
Food supplies	68,053	42,528	23,992	11,794	9,595	4,386	3,065	1,960	165,373
Domestic services	115,620	99,185	77,599	77,617	34,077	4,565	10,385	11,058	430,106
Repairs & maintenance	119,992	76,662	43,806	43,787	45,480	8,851	4,953	5,080	348,611
Patient transport	33,063	15,267	15,185	13,154	8,611	2,702	879	4,765	93,626
Administrative expenses	310,707	215,685	137,817	86,912	75,747	45,300	14,830	10,723	897,721
Interest payments	1,235	332	0	22,441	1,657	0	105	n.a.	25,770
Depreciation	248,547	n.a.	163,749	59,961	206	0	11,290	n.a.	n.a.
Other recurrent expenditure	133,831	93,302	22,412	16,425	47,113	1,375	14,679	9,326	338,463
Not allocable to non-salary expenditure category		3,493							3,493
Total non-salary									
expenditure	1,930,945	1,252,026	854,391	574,533	478,185	136,187	121,295	68,056	5,415,618
Total expenditure excluding depreciation	5,070,778	3,507,211	2,347,970	1,441,973	1,196,873	334,142	258,624	192,841	14,350,412

Table 3.7: Recurrent expenditure (\$'000), public acute and psychiatric hospitals, States and Territories, 1999-00

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

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

(c) South Australian Interest payments are included in Administrative expenses. Most Trainee/pupil nurses are enrolled in tertiary institutions.

(d) Tasmanian hospitals pay payroll tax, with most being included in Administrative expenses and the remainder in Other recurrent expenditure. Except for medical officers, salaries for staff categories are not repu

(e) Superannuation for 4 of the 5 NT hospitals is included here. Interest payments are not reported.

n.a. not available.

. . not applicable.

Table 3.8: Revenue (\$'000), public acute and psychiatric hospitals, States and Territories, 1999-	<i>}</i> _00
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Revenue source	NSW	Vic	QId ^(a)	WA	SA	Tas	ACT	NT	Total
Patient revenue	329,947	200,881	55,082	47,849	42,502	28,298	12,465	9,678	726,702
Recoveries	130,600	46,486	15,288	22,585	51	6,451	4,313	3,066	228,840
Other revenue	84,174	97,572	37,226	23,536	6,102	2,258	10,640	6,411	267,919
Total revenue	544,721	344,939	107,596	93,970	48,655	37,007	27,418	19,155	1,223,461

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