7 Admitted patient care: overview

This chapter draws on data from the National Hospital Morbidity Database (NHMD) to present an overview of admitted patient care in Australia's hospitals, focusing particularly on information related to total admitted patient activity.

Subsequent chapters present information on the following subsets of admitted patient care:

- same-day acute admitted patient care (Chapter 8)
- overnight acute admitted patient care (*Chapter 9*)
- elective surgery (*Chapter 10*)
- sub-acute and non-acute care (*Chapter 11*).

Data on admitted patients

The NHMD contains episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The data presented in this chapter include administrative, demographic and clinical data.

Administrative data provides information on:

- how patients were admitted
- the type of care provided
- how patient care ended
- length of stay in hospital
- the source of funding.

Demographic information includes:

- patient age
- patient sex
- Indigenous status
- remoteness area of usual residence
- socioeconomic status of area of usual residence.

Clinical information includes:

- principal diagnoses
- procedures
- Australian Refined-Diagnosis Related Groups (AR-DRGs).

Terms relevant to admitted patient care data are summarised in Box 7.1.

Box 7.1: Summary of terms and classifications relating to admitted patient care

Statistics on admitted patients are compiled when an admitted patient (a patient who undergoes a hospital's formal admission process) completes an episode of admitted patient care and 'separates' from the hospital. This is because most of the data on the use of hospitals by admitted patients are based on information provided at the end of the patients' episodes of care, rather than at the beginning. The length of stay and the procedures carried out are then known and the diagnostic information is more accurate.

Separation is the term used to refer to the episode of admitted patient 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 care 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.

Patient day means the occupancy of a hospital bed (or chair in the case of some same-day patients) by an admitted patient for all or part of a day. The length of stay for an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day.

A same-day separation occurs when a patient is admitted and separated from the hospital on the same date. An **overnight** separation occurs when a patient is admitted to and separated from the hospital on different dates.

The **principal diagnosis** is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. An additional diagnosis is a condition or complaint that either coexists with the principal diagnosis or arises during the episode of care.

A **procedure** is a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

AR-DRG is an Australian classification system of diagnoses related groups (AR-DRGs). AR-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 resources. The AR-DRG system is partly hierarchical, with 23 Major Diagnostics Categories, divided into Surgical, Medical and Other partitions, and then into 665 individual AR-DRGs.

In 2009-10, diagnoses and external causes of injury were recorded using the sixth edition of the International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM) (NCCH 2008). It comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization's version of ICD-10.

The ICD-10-AM classification is hierarchical, with 20 summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes).

Box 7.1 (continued)

Most of the 3-character codes are divided into even larger numbers of very specific disease categories represented by 4- and 5-character codes, grouped according to chapters, covering broad groups of conditions. In this publication, most diagnosis information is presented at the chapter and 3-character level.

Procedures were recorded using the 6th edition of the Australian Classification of Health Interventions (ACHI) (NCCH 2008). The ACHI classification is divided into 20 chapters by anatomical site. These subchapters are further divided into more specific procedure blocks, ordered from the least invasive to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure information. In this publication, procedures are mostly presented based on the ACHI procedure chapters and the ACHI procedure blocks.

Box 7.2: What are the limitations of the data?

When interpreting the data presented, the reader should note the following:

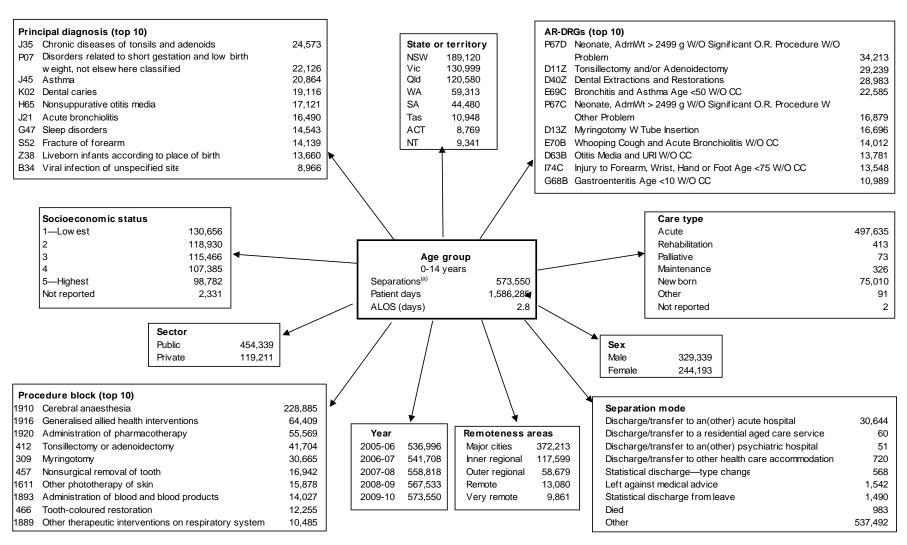
- Coverage for the NHMD is essentially complete. For 2009–10, all public hospitals were included except for a small mothercraft hospital in the Australian Capital Territory. Private hospital data were not provided for private free-standing day hospital facilities in the Australian Capital Territory and the Northern Territory, and for one private free standing day facility in Tasmania.
- Western Australia did not provide data for approximately 13,000 admitted patient separations. Approximately 2,400 of those separations were from public hospitals, and 10,600 separations were from one private hospital.
- Hospitals may be re-categorised as public or private between or within years (see Appendix 2).
- There may be variation among states and territories in the use of statistical discharges and the use of care types (see *Appendix* 1).
- The overall quality of the data provided for Indigenous status in 2009–10 is considered to be in need of some improvement, being considered acceptable for analysis purposes for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see *Appendix* 1).
- In 2009–10, there were 78 separations that did not have sex reported as male or female, and 6 separations for which date of birth was Not reported (age could not be calculated).
- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients (see *Appendix 1*). This is particularly the case for the Australian Capital Territory. In 2009–10, about 23% of separations for the Australian Capital Territory hospitals were for patients who resided in New South Wales.

Box 7.3: What methods were used?

- Unless otherwise indicated in footnotes, separations with a care type of *Newborn* (without qualified days) and records for Hospital boarders and Posthumous organ procurement have been excluded.
- The patient's age is calculated at the date of admission.
- In tables by age group and sex, separations for which age and sex were *Not reported* are included in totals.
- Separation rates are age standardised as detailed in *Appendix* 1.
- In some tables, separation rates are accompanied by the standardised separation rate ratio (SRR). If the SRR is greater than 1, then the rate for the category was higher than the national average (or, in the case of Indigenous status, than Other Australians) (see Appendix 1).
- The data presented on area of usual residence were provided as state or territory and statistical local area (SLA) and/or postcode, and have been aggregated to remoteness areas under the Australian Standard Geographical Classification (ABS 2006) (see *Appendix* 1).
- Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2008)) for the area of usual residence (SLA) of the patient. The SLAs are ranked from lowest to highest according to the IRSD. The SLAs are then grouped together so that each of the resulting socioeconomic status groups (SES) contain about 20% of the total Australian population (see Appendix 1).

Figure 7.1 demonstrates some of the data included in the NHMD using the example of separations for admitted patients aged 0 to 14 years. These separations do not include newborns that did not require acute care, they accounted for an additional 218,000 records (see Table S7.5). In 2009-10:

- there were about 574,000 separations for people aged 0 to 14 years
- the number of separations for people aged 0 to 14 years increased by 25.7% over the period 2005-06 to 2009-10, an average annual increase of 1.6%
- 57.4% of these separations were for males
- 79.2% of these separations were in public hospitals
- the majority of separations (93.7%) had a separation mode of Other, suggesting that these patients went home at the end of their care
- about one in twenty had a separation mode of Discharged/transferred to an(other) acute hospital, indicating that they were transferred to another hospital for continuing care
- the most common principal diagnosis was Chronic diseases of tonsils and adenoids, followed by Disorders related to short gestation and low birth weight
- the most common AR-DRG was Neonate, admission weight less than 2499g without significant operating room procedure, without problem
- the most common procedure was Cerebral anaesthesia, followed by Generalised allied health intervention.



Abbreviations: AdmWt—admission weight; ALOS—average length of stay; AR-DRG—Australian Refined Diagnosis Related Group; Cat— catastrophic; CC—complication or comorbidity; g—gram: O.R.—operating room; Sev— severe; URI—upper respiratory infection; W—with; W/O—without.

Figure 7.1: Data reported for separations for persons aged 0-14 years, all hospitals, 2009-10

How has activity changed over time?

From 2008–09 to 2009–10, separations rose 4.7% to 8.5 million. Between 2005–06 and 2009–10, the number of separations rose by an average of 3.9% per year (Table 7.1). Over that period, the average annual rise in separations was higher in private hospitals than in public hospitals. For both hospital sectors, the rate and direction of change in the number of separations varied between funding sources.

Table 7.1: Separations^(a), by principal source of funds, public and private hospitals, 2005–06 to 2009–10

						Change (per cent)
	2005–06	2006–07	2007–08	2008–09	2009–10	since 2005–06	Since 2008–09
Public hospitals							
Public patients ^(a)	3,866,522	4,030,707	4,081,111	4,188,501	4,319,437	2.8	3.1
Private health insurance	350,807	382,085	415,919	451,591	501,819	9.4	11.1
Self-funded ^(b)	52,085	53,385	54,765	58,226	58,715	3.0	0.8
Workers compensation	22,268	22,550	23,296	22,478	21,584	-0.8	-4.0
Motor vehicle third party personal claim	21,318	21,664	21,880	23,102	24,987	4.0	8.2
Department of Veterans' Affairs	134,511	130,908	124,664	122,656	118,539	-3.1	-3.4
Other ^(c)	18,565	19,981	22,426	24,469	28,350	11.2	15.9
Total	4,466,076	4,661,280	4,744,061	4,891,023	5,073,431	3.2	3.7
Private hospitals							
Public patients ^(a)	100,092	49,095	76,227	100,619	102,014	0.5	1.4
Private health insurance	2,196,184	2,348,872	2,497,892	2,579,128	2,767,947	6.0	7.3
Self-funded ^(b)	273,530	260,940	267,179	278,086	285,850	1.1	2.8
Workers compensation	52,180	50,735	50,163	54,788	57,555	2.5	5.1
Motor vehicle third party personal claim	5,020	4,610	4,840	4,719	6,376	6.2	35.1
Department of Veterans' Affairs	201,300	207,511	199,629	198,277	199,732	-0.2	0.7
Other ^(c)	17,601	19,874	33,955	41,808	42,241	24.5	1.0
Total	2,845,907	2,941,637	3,129,885	3,257,425	3,461,715	5.0	6.3
All hospitals	7,311,983	7,602,917	7,873,946	8,148,448	8,535,146	3.9	4.7

⁽a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some Public patient services were funded through the Medicare Benefit Scheme.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Abbreviation: Ave—average.

How much activity was there in 2009-10?

In 2009–10, there were almost 5.1 million public hospital separations and almost 3.5 million private hospital separations (Table 7.2). The Australian Capital Territory and the Northern Territory do not have *Public psychiatric hospitals*, and admitted patient data for *Private free standing day hospital facilities* were not available.

⁽b) Tasmania was unable to identify all 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.

⁽c) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and Not reported.

Table 7.2: Separations ('000s) by hospital type, public and private hospitals, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute	1,541	1,424	923	504	381	101	88	100	5,062
Public psychiatric	6	1	0	2	2	1			11
Total public hospitals	1,547	1,425	923	506	383	102	88	100	5,073
Private hospitals									
Private free standing day hospital facilities	213	188	213	104	57	n.p.	n.p.	n.p.	783
Other private hospitals	748	697	632	278	213	n.p.	n.p.	n.p.	2,678
Total private hospitals	961	886	845	381	270	n.p.	n.p.	n.p.	3,462
All hospitals	2,508	2,310	1,768	887	653	n.p.	n.p.	n.p.	8,535

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.1 at the end of this chapter.

Abbreviations: . .—not applicable; n.p.—not published.

There were over 18.1 million public hospital patient days (69% of total patient days) compared with 8.3 million private hospital patient days (Table 7.3). For private hospitals, 77% of separations and 91% of patient days were in *Other private hospitals*.

Table 7.3: Patient days ('000s) by hospital type, public and private hospitals, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute	5,816	4,547	3,030	1,647	1,495	372	296	273	17,476
Public psychiatric	281	59	98	76	97	52			663
Total public hospitals	6,097	4,607	3,128	1,722	1,591	424	296	273	18,139
Private hospitals									
Private free standing day hospital facilities	213	188	213	104	57	n.p.	n.p.	n.p.	783
Other private hospitals	2,012	2,047	1,850	726	560	n.p.	n.p.	n.p.	7,479
Total private hospitals	2,225	2,235	2,063	829	617	n.p.	n.p.	n.p.	8,262
All hospitals	8,323	6,842	5,191	2,552	2,209	n.p.	n.p.	n.p.	26,401

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.1 at the end of this chapter.

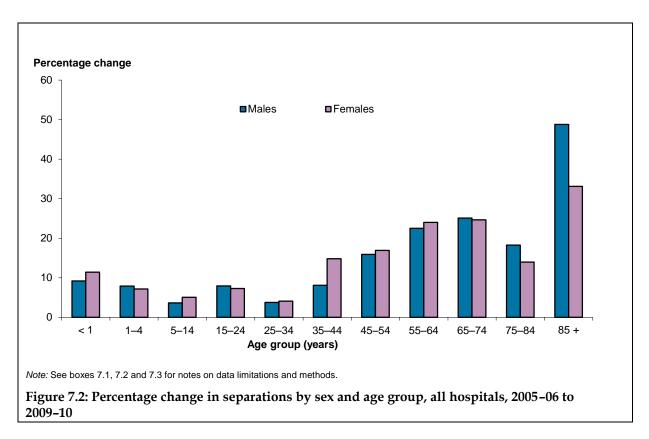
Abbreviations: . .—not applicable; n.p.—not published.

Who used these services?

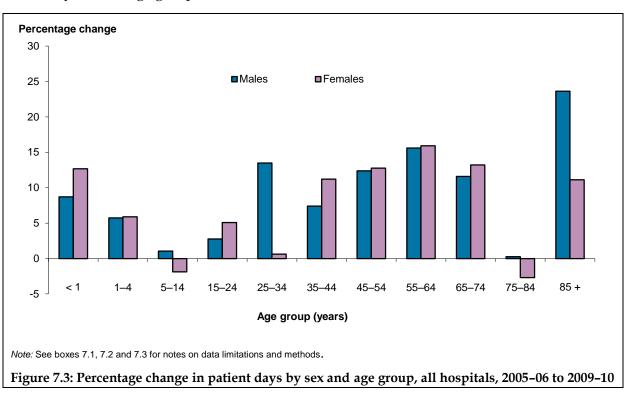
Sex and age group

Changes in activity by the patients' sex and age group over time

Between 2005–06 and 2009–10, the increase in separations was more marked for males than females, particularly for males aged 85 years and over (Figure 7.2). The increase in separations was generally greater for females than males for all age groups from 25 to 64 years.

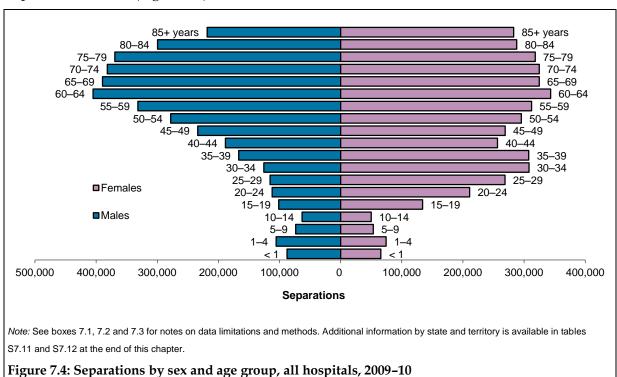


Between 2005–06 and 2009–10, patient days in all hospitals increased by 9.8% for males, and by 7.4% for females (Figure 7.3). The relative size and direction of change in patient days varied by sex and age group.

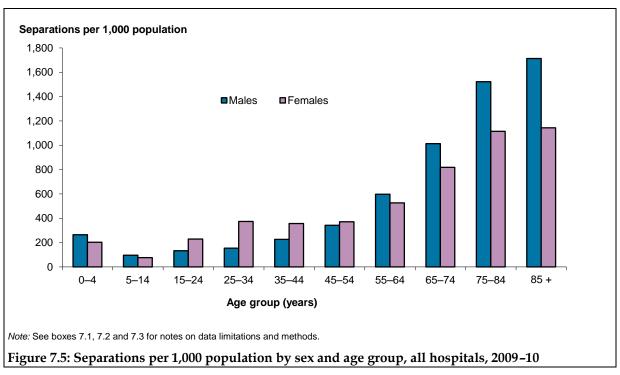


Sex and age group profile for 2009-10

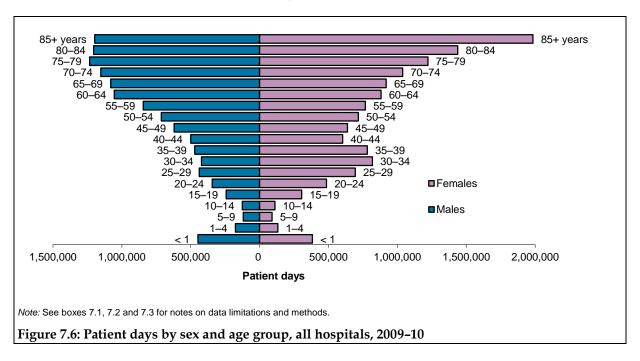
In 2009–10, there were about 4.5 million separations for females compared with 4.1 million separations for males overall. People aged 55 years and over accounted for 53.7% of separations overall (Figure 7.4).



There were more separations per 1,000 population for females than for males in all age groups from 15–54 years in 2009–10 (Figure 7.5). Separation rates increased with age for both males and females from the age group 55 to 64 years and above.



Females accounted for more patient days than males (Figure 7.6). People aged 55 years and over accounted for over 60% of patient days in 2009–10.



Aboriginal and Torres Strait Islander people

Box 7.4: Quality of Indigenous status data

The AIHW report *Indigenous identification in hospital separations data-quality report* (AIHW 2010f) found that the level of Indigenous identification was acceptable for analysis purposes (greater than 80%) for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only).

Nationally, about 89% of *Indigenous Australians* were identified correctly in hospital admissions data, and the 'true' number of separations for *Indigenous Australians* was about 12% higher than reported.

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should also be noted that data presented for the six jurisdictions noted above are not necessarily representative of the jurisdictions excluded. See *Appendix 1* for more information on the quality of Indigenous status data in the NHMD.

In 2009–10, there were about 305,000 separations for Aboriginal and Torres Strait Islander people. About 98% of these separations were reported for the six jurisdictions with data of sufficient quality for analysis purposes (see above and *Appendix 1*). *Other Australians* includes separations for which the Indigenous status was *Not reported*.

For the six jurisdictions:

- almost 93% of separations for *Indigenous Australians* were reported as *Aboriginal but not Torres Strait Islander origin*, 4% were reported as *Torres Strait Islander but not Aboriginal origin* and 3% were reported as *Aboriginal and Torres Strait Islander origin*
- over 92% of separations for *Indigenous Australians* in 2009–10 were from the public sector (281,000), whereas 58% of separations for *Other Australians* were from the public sector.

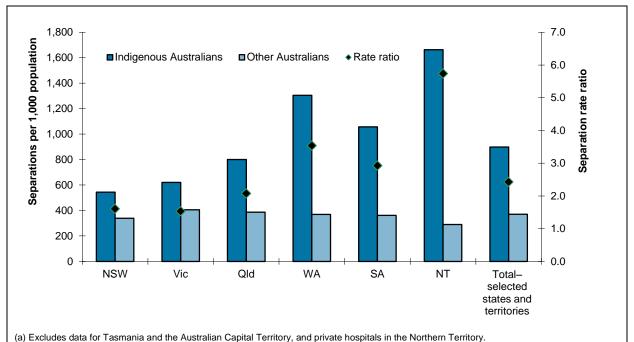
In 2009–10, there were 898 separations per 1,000 population for *Indigenous Australians* (Figure 7.7), 2.4 times the separation rate for *Other Australians*. About 80% of the difference between these rates was due to higher separation rates for *Indigenous Australians* admitted for maintenance kidney dialysis (see *Chapter 8*).

The Northern Territory had the highest separation rate for *Indigenous Australians* (1,664 separations per 1,000), about 5.7 times the rate for *Other Australians*.

Under-identification of Indigenous persons

Using the national estimated Indigenous under-identification level of 89% (see above) (and assuming that the age distributions for unidentified and identified *Indigenous Australians* is similar), the 'true' number of separations for *Indigenous Australians* for 2009–10 could be estimated at about 351,000 separations. As *Other Australians* may include unidentified Aboriginal and Torres Strait Islander people, the 'true' number of *Other Australians* would be reduced and could be estimated at about 8,237,000 separations.

Using the same method, the 'true' separation rates for *Indigenous Australians* and *Other Australians* for 2009–10 could be estimated as about 1,009 per 1,000 population and 370 per 1,000, respectively. These rates indicate that, after adjusting for under-identification, *Indigenous Australians* were hospitalised at about 2.7 times the rate for *Other Australians*.



Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.12 and S7.13 at the end of this chapter.

Figure 7.7: Separations per 1,000 population and separation rate ratios, by Indigenous status, selected states and territories^(a), 2009–10

Sex and age group

Table 7.4 presents separations for the six jurisdictions by Indigenous status, sex and age group. In 2009–10:

• 56% of separations for *Indigenous Australians* were for females, compared to 53% for *Other Australians*

• 11% of separations for *Indigenous Australians* were for people aged 65 years and over, compared with 38% of separations for *Other Australians*.

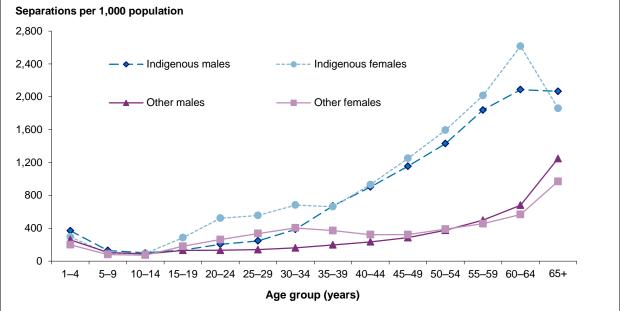
In 2009–10, separation rates for Indigenous males and females were higher than those for other males and females across all age groups (Figure 7.8). Separation rates for *Indigenous Australians* in older age groups are subject to variability because of the relatively small populations in these age groups.

Table 7.4: Separations by Indigenous status, sex and age group, selected states and territories^(a), 2009–10

	Indig	enous Australia	ans	Other	Australians	
Age group	Males	Females	Persons	Males	Females	Persons
0–4	12,179	9,269	21,448	174,037	126,290	300,327
5–9	4,068	2,859	6,927	66,871	48,921	115,792
10–14	3,212	2,834	6,046	57,465	45,404	102,869
15–19	4,156	8,291	12,447	93,188	121,164	214,352
20–24	4,911	12,061	16,972	102,477	191,375	293,852
25–29	4,854	10,862	15,716	106,517	248,303	354,820
30–34	6,455	11,697	18,152	114,227	284,876	399,103
35–39	11,381	12,045	23,426	149,081	283,847	432,928
40–44	13,177	14,873	28,050	168,067	232,689	400,756
45–49	14,623	17,384	32,007	209,976	241,340	451,316
50–54	14,677	17,699	32,376	252,740	266,848	519,588
55–59	14,064	17,161	31,225	304,976	283,619	588,595
60–64	10,984	15,836	26,820	377,777	314,854	692,631
65+	15,184	18,212	33,396	1,585,568	1,468,647	3,054,215
Total	133,925	171,083	305,008	3,762,967	4,158,177	7,921,144

⁽a) Excludes data for Tasmania and the Australian Capital Territory, and private hospitals in the Northern Territory.

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.13 and S7.14 at the end of this chapter.



(a) Excludes data for Tasmania and the Australian Capital Territory and private hospitals in the Northern Territory. *Note*: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods.

Figure 7.8: Separations per 1,000 population by sex, age group and Indigenous status, selected states and territories^(a), 2009-10

State or territory of residence

The admitted patient care data includes information on the patient's area of usual residence, including the state or territory of usual residence and the statistical local area.

Table S7.4 (at the end of this chapter) presents separations and age standardised separation rates (per 1,000 population) by both the state or territory of hospitalisation and the state or territory of usual residence of the patient. For 2009–10, about 98% of separations (8.3 million) were for people who were hospitalised in their state or territory of residence. However, in the Australian Capital Territory, only 77% of hospital separations were for Australian Capital Territory residents, with most of the remainder being residents of New South Wales.

Remoteness area of residence

The statistical local area of usual residence can be used to derive the patient's remoteness area of usual residence. Remoteness area categories divide Australia into areas depending on distances from population centres.

The number of separations per 1,000 population varied by remoteness area. Overall, separation rates were highest for persons residing in *Remote* and *Very remote* areas, and in both instances, the difference from the national rate was statistically significant (Figure 7.9).

The separation rates for public and private sectors varied across remoteness areas. *Very remote* areas, which had the highest separation rate overall, had the highest rate for public hospital separations and the lowest rate for private hospital separations. *Major cities* had the lowest separation rate for public hospitals and the highest rate for private hospitals.

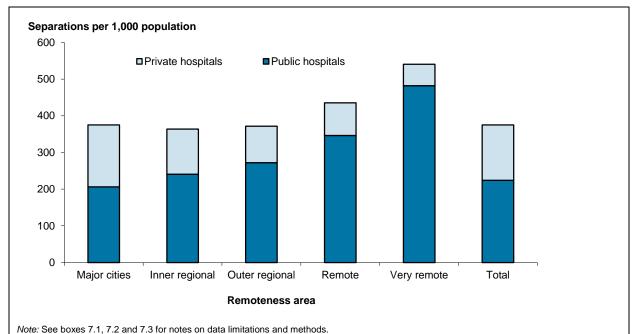


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Figure 7.9: Separations per 1,000 population by remoteness area of usual residence, public and private hospitals, 2009-10

Socioeconomic status

In 2009–10, separation rates varied across socioeconomic status (SES) groups and between public and private hospitals (Figure 7.10). Separation rates for patients living in areas classified as the lowest SES group were slightly above the overall rate. However, for this SES group, rates were relatively high for public hospitals and low for private hospitals.

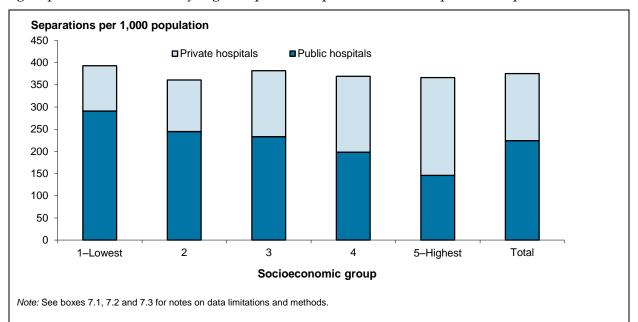
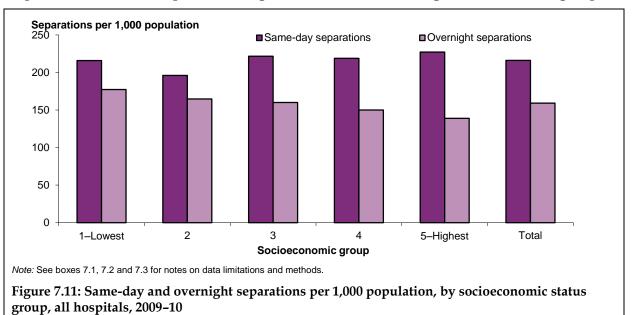


Figure 7.10: Separations per 1,000 population by socioeconomic status group, public and private hospitals, 2009–10

The separation rates for same-day separations versus overnight separations varied across SES groups (Figure 7.11). The highest rate of same-day separations occurred for patients living in areas classified as being in the highest SES group. The highest rate of overnight separations occurred for patients living in areas classified as being in the lowest SES group.



How did people access these services?

The **mode of admission** records the mechanism by which an admitted patient begins an episode of care. Patients may have the following modes of admission:

- Admitted patient transferred from another hospital
- Statistical admission: care type change where a new admitted patient episode is created as a result of a change in the clinical intent of care (for example, a patient's care may move from a focus on acute care to a focus on *Rehabilitation* or *Palliative* care), within the same hospital
- Other the term used to refer to all other planned and unplanned admissions.

In 2009–10, most separations in both public and private hospitals had a mode of admission of *Other* (94.6%). Public hospitals had a higher proportion of transfers than private hospitals (4.7% and 2.9%, respectively). Public hospitals also reported higher proportions of *Statistical admissions* than private hospitals (1.5% and 0.6%, respectively) (Table 7.5).

Table 7.5: Separations by mode of admission, public and private hospitals, 2009-10

	Public	Private	
Mode of admission	hospitals	hospitals	Total
Admitted patient transferred from another hospital	242,900	100,480	343,380
Statistical admission: type change	74,275	18,903	93,178
Other ^(a)	4,732,880	3,335,158	8,068,038
Not reported	23,376	7,174	30,550
Total	5,073,431	3,461,715	8,535,146

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

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.7 at the end of this chapter.

Why did people receive the care?

The reason that a patient receives admitted patient care is usually described in terms of the principal diagnosis. The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care.

Where a patient has a diagnosis related to injury and poisoning, additional information is available on the cause of the injury (for example, a traffic accident or fall). In some cases, the principal diagnosis is described in terms of a treatment for an ongoing condition (for example, care involving dialysis).

Principal diagnosis

In 2009–10, over one quarter of separations in public and private hospitals had a principal diagnosis in the *Factors influencing health status and contact with health services* chapter, which includes care involving dialysis and chemotherapy (Table 7.6).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, over eight in ten separations for Injury, poisoning and certain other consequences of external causes were from public hospitals and over seven in ten separations for Diseases of the eye and adnexa were from private hospitals.

Table 7.6: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2009-10

Principal dia	agnosis chapter	Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	107,354	20,524	127,878
C00-D48	Neoplasms	275,650	304,049	579,699
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	70,089	32,654	102,743
E00-E90	Endocrine, nutritional and metabolic diseases	103,240	64,449	167,689
F00-F99	Mental and behavioural disorders	178,407	163,174	341,581
G00-G99	Diseases of the nervous system	120,551	88,997	209,548
H00-H59	Diseases of the eye and adnexa	73,170	190,280	263,450
H60-H95	Diseases of the ear and mastoid process	29,796	26,223	56,019
100-199	Diseases of the circulatory system	319,639	163,220	482,859
J00-J99	Diseases of the respiratory system	287,017	88,689	375,706
K00-K93	Diseases of the digestive system	394,506	476,202	870,708
L00-L99	Diseases of the skin and subcutaneous tissue	97,203	42,334	139,537
M00-M99	Diseases of the musculoskeletal system and connective tissue	176,709	283,207	459,916
N00-N99	Diseases of the genitourinary system	223,959	171,530	395,489
O00-O99	Pregnancy, childbirth and the puerperium	330,727	151,468	482,195
P00-P96	Certain conditions originating in the perinatal period	44,134	11,681	55,815
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	24,628	10,502	35,130
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	390,241	189,337	579,578
S00-T98	Injury, poisoning and certain other consequences of external causes	456,712	100,977	557,689
Z00–Z99	Factors influencing health status and contact with health services	1,369,283	877,595	2,246,878
	Not reported	416	4,623	5,039
Total		5,073,431	3,461,715	8,535,146

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Over 48% of separations for Indigenous Australians were for Factors influencing health status and contact with health services, compared to 26% for Other Australians (Table 7.7). Injury, poisoning and certain other consequences of external causes was the second most common principal diagnosis among *Indigenous Australians*, accounting for about 7.4% of separations for Indigenous Australians.

Table 7.7: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, selected states and territories^(a), 2009-10

Principal dia	gnosis chapter	Indigenous Australians	Other Australians ^(b)	Total
A00-B99	Certain infectious and parasitic diseases	5,691	118,810	124,501
C00-D48	Neoplasms	4,375	554,511	558,886
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1,332	97,880	99,212
E00-E90	Endocrine, nutritional and metabolic diseases	6,166	154,458	160,624
F00-F99	Mental and behavioural disorders	12,099	317,434	329,533
G00-G99	Diseases of the nervous system	3,863	198,447	202,310
H00-H59	Diseases of the eye and adnexa	1,574	250,911	252,485
H60-H95	Diseases of the ear and mastoid process	2,280	51,674	53,954
100–199	Diseases of the circulatory system	9,149	454,614	463,763
J00-J99	Diseases of the respiratory system	18,342	344,451	362,793
K00-K93	Diseases of the digestive system	14,687	824,973	839,660
L00-L99	Diseases of the skin and subcutaneous tissue	6,484	128,210	134,694
M00-M99	Diseases of the musculoskeletal system and connective tissue	5,270	433,380	438,650
N00-N99	Diseases of the genitourinary system	7,367	373,353	380,720
O00-O99	Pregnancy, childbirth and the puerperium	19,769	444,258	464,027
P00-P96	Certain conditions originating in the perinatal period	3,097	50,067	53,164
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,037	32,815	33,852
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	13,823	546,751	560,574
S00-T98	Injury, poisoning and certain other consequences of external causes	22,701	514,031	536,732
Z00–Z99	Factors influencing health status and contact with health services	145,881	2,025,124	2,171,005
	Not reported	21	4,992	5,013
Total		305,008	7,921,144	8,226,152

⁽a) Excludes data for Tasmania and the Australian Capital Territory and private hospitals in the Northern Territory.

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods.

How many separations were due to injury and poisoning?

The number of separations with a principal diagnosis of injury or poisoning is a National Healthcare Agreement performance indicator.

Some hospitalisations for injury or poisoning may be considered potentially avoidable. It should also be noted that the admitted patient care data provide only a partial picture of the overall burden of injury because it does not include injuries treated by general practitioners and in the emergency departments that do not require admission to hospital.

In 2009–10, approximately 558,000 separations had a principal diagnosis of *Injury, poisoning* and certain other consequences of external causes. The majority (82%) of these were treated in public hospitals (Table 7.8).

⁽b) Other Australians includes separations for which the Indigenous status was Not reported.

Table 7.8: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2009-10

Principal o	liagnosis	Public hospitals	Private hospitals	Total
S00-S19	Injuries to head & neck	84,557	6,922	91,479
S20-S39	Injuries to thorax, abdomen, back, spine & pelvis	41,675	5,469	47,144
S40-S99	Injuries to upper & lower limbs	199,926	51,194	251,120
T00-T19	Injuries to multi- or unspecified region; foreign body effects	9,764	1,349	11,113
T20-T35	Burns and frostbite	8,377	291	8,668
T36-T65	Poisoning and toxic effects	38,253	585	38,838
T66-T79	Other and unspecified effects of external causes	10,741	817	11,558
T80-T88	Complications of medical and surgical care	63,214	34,309	97,523
T89-T98	Other trauma complications; external cause sequelae	205	41	246
Total		456,712	100,977	557,689
Separation	ns per 1,000 population	20.4	4.4	24.7

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Indigenous Australians were hospitalised with a principal diagnosis of injury and poisoning at about twice the rate of Other Australians (Table 7.9). Injuries to the head and neck accounted for almost 27% of these separations for Indigenous Australians and 16% for Other Australians. Complications of medical and surgical care accounted for a higher proportion of these separations for Other Australians compared with Indigenous Australians.

Table 7.9: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, selected states and territories(a), 2009-10

Duinainal	alto un o a to	Indigenous	Other Australians ^(b)	Tatal
Principal	diagnosis	Australians	Australians	Total
S00-S19	Injuries to head & neck	6,070	82,776	88,846
S20-S39	Injuries to thorax, abdomen, back, spine & pelvis	1,615	44,014	45,629
S40-S99	Injuries to upper & lower limbs	9,037	232,178	241,215
T00-T19	Injuries to multi- or unspecified region; foreign body effects	487	10,256	10,743
T20-T35	Burns and frostbite	609	7,759	8,368
T36-T65	Poisoning and toxic effects	1,701	35,794	37,495
T66-T79	Other and unspecified effects of external causes	485	10,663	11,148
T80-T88	Complications of medical and surgical care	2,669	90,378	93,047
T89-T98	Other trauma complications; external cause sequelae	28	213	241
Total		22,701	514,031	536,732
Separatio	ns per 1,000 population	46.4	24.4	24.9

Excludes data for Tasmania and the Australian Capital Territory and private hospitals in the Northern Territory.

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods.

^{&#}x27;Other Australians' includes separations for which the Indigenous status was Not reported.

What were the causes of injury and poisoning?

An **external cause** is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event. 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 and, for most records, the activity of the person at the time of the event should be recorded (HDSC 2008).

In 2009–10, there were 979,000 separations that reported an external cause of injury or poisoning for either a principal or an additional diagnosis of injury or poisoning (Table 7.10). About 77% of these separations were from public hospitals. The most frequently reported group of external causes in both public and private hospitals was *Complications of medical and surgical care*, followed by *Falls*. Public hospitals had notably higher proportions of separations with external causes of *Intentional self-harm* and *Assault* than private hospitals.

Table 7.10: Separations, by external cause in ICD-10-AM groupings, public and private hospitals, 2009-10

External car	use	Public hospitals	Private hospitals	Total
V00-V99	Transport accidents	61,908	8,145	70,053
W00-W19	Falls	209,902	47,823	257,725
W20-W64	Exposure to mechanical forces	84,411	10,709	95,120
W65-W74	Accidental drowning and submersion	648	21	669
W75-W84	Other accidental threats to breathing	10,564	1,359	11,923
W85-W99	Exposure to electricity, radiation, extreme temperature/pressure	1,474	178	1,652
X00-X19	Exposure to smoke, fire, flames, hot substances	8,903	474	9,377
X20-X39	Exposure to venomous plants, animals, forces of nature	5,167	306	5,473
X40-X49	Accidental poisoning	12,173	714	12,887
X50-X59	Other external causes of accidental injury	39,267	36,363	75,630
X60-X84	Intentional self-harm	31,773	785	32,558
X85-Y09	Assault	26,960	533	27,493
Y10-Y34	Events of undetermined intent	7,309	453	7,762
Y35-Y36	Legal intervention and operations of war	140	8	148
Y40-Y84	Complications of medical and surgical care	266,612	116,983	383,595
Y85-Y98	Sequelae and supplementary factors	24,453	8,727	33,180
Total ^(a)		752,090	227,060	979,150

⁽a) As more than one external cause can be reported for a separation, the total may not equal the sum of the column.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

More information on the place of occurrence and the activity when injured are available online at <www.aihw.gov.au/hospitals/>.

Aboriginal and Torres Strait Islander people

Complications of medical and surgical care was the most commonly reported external cause of injury and poisoning for hospitalisations for *Indigenous Australians*. Assault accounted for 19.3% of external causes reported for *Indigenous Australians*, compared to 2.2% of external causes reported for *Other Australians* (Table 7.11).

Table 7.11: Separations, by external cause in ICD-10-AM groupings and Indigenous status, selected states and territories(a), 2009-10

External car	use	Indigenous Australians	Other Australians ^(b)	Total
V00-V99	Transport accidents	2,326	64,748	67,074
W00-W19	Falls	5,354	243,355	248,709
W20-W64	Exposure to mechanical forces	4,601	87,000	91,601
W65-W74	Accidental drowning and submersion	27	627	654
W75-W84	Other accidental threats to breathing	328	11,416	11,744
W85-W99	Exposure to electricity, radiation, extreme temperature/pressure	29	1,572	1,601
X00-X19	Exposure to smoke, fire, flames, hot substances	660	8,391	9,051
X20-X39	Exposure to venomous plants, animals, forces of nature	244	5,087	5,331
X40-X49	Accidental poisoning	641	11,834	12,475
X50-X59	Other external causes of accidental injury	2,110	70,891	73,001
X60-X84	Intentional self-harm	1,824	29,606	31,430
X85-Y09	Assault	6,277	20,447	26,724
Y10-Y34	Events of undetermined intent	475	6,969	7,444
Y35-Y36	Legal intervention and operations of war	17	129	146
Y40-Y84	Complications of medical and surgical care	7,560	359,533	367,093
Y85-Y98	Sequelae and supplementary factors	1,633	29,998	31,631
Total ^(c)		32,460	908,812	941,272

Excludes data for Tasmania and the Australian Capital Territory and private hospitals in the Northern Territory.

Note: See boxes 7.1, 7.2 and 7.3 and 7.4 for notes on data limitations and methods.

How many separations were potentially preventable?

Potentially preventable hospitalisations

The rate of potentially preventable hospitalisations (PPHs) is an National Health Agreement (NHA) performance indicator, and the proportion of total separations is an NHA benchmark.

PPHs are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs 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.

^{&#}x27;Other Australians' includes separations for which the Indigenous status was Not reported.

⁽c) As more than one external cause can be reported for a separation, the total may not equal the sum of the column.

Potentially preventable hospitalisations (continued)

There are three broad categories of PPHs. These were originally sourced from the Victorian Ambulatory Care Sensitive Conditions Study (DHS, Victoria 2002) and are classified as:

- *Vaccine-preventable*. These diseases can be prevented by 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 would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include complicated appendicitis; dehydration/gastroenteritis; pyelonephritis; perforated ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections and dental conditions.
- Chronic. These conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes complications, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.
- *Appendix 5* presents more information on the PPH classification.

In 2009–10, almost 696,000 separations in public and private hospitals were classified as PPHs (Table 7.12). PPHs accounted for 8.1% of all hospital separations, 10.2% of public hospital separations and 5.2% of private hospital separations. Nearly three-quarters of PPHs occurred in public hospitals.

Table 7.12: Separations for potentially preventable hospitalisations, public and private hospitals, 2009–10

PPH category	Public hospitals	Private hospitals	Total
Vaccine preventable conditions	15,579	2,316	17,895
Acute conditions	226,092	83,772	309,864
Chronic conditions ^(a)	276,439	94,687	371,126
Diabetes complications	107,698	58,428	166,126
Chronic conditions (excluding diabetes)	180,076	38,164	218,240
Total	515,232	180,328	695,560
Proportion of total separations	10.2	5.2	8.1

⁽a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions* (excluding diabetes) does not necessarily equal the total number of separations for *Chronic conditions*.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by residence state is available in Table S7.10 at the end of this chapter.

Between 2008–09 and 2009–10, there was a 1.7% decrease in PPHs overall, mostly due to decreases in the number of hospitalisations for *Chronic conditions* (4.4%). Over that period, the rate of PPH separations in Western Australia was relatively high, influenced by the recording of diabetes as an additional diagnosis when a patient with diabetes was admitted for dialysis treatment. This was not done in all jurisdictions and because dialysis may be required several times per week, the number of separations which are included in *Diabetes complications* was markedly higher for Western Australia than in other jurisdictions.

Table 7.13 shows that the decrease in *Diabetes complications* conditions was much greater (8.6%) than for *Chronic conditions* overall. The decrease in *Chronic conditions* was most marked

in Western Australia and Tasmania (see Table S7.10). This decline was probably due to the introduction of changes in coding standards in July 2008, that additional diagnoses were only coded where they had an impact on the care given to patients.

Table 7.13: Separations per 1,000 population (age-standardised) for potentially preventable hospitalisations, by PPH category, all hospitals, 2005-06 to 2009-10

						Change (p	er cent)
PPH category	2005–06	2006–07	2007–08	2008–09	2009–10	Ave since 2005–06	Since 2008–09
Vaccine preventable conditions	0.7	0.6	0.7	0.7	0.8	4.2	7.2
Acute conditions	10.7	10.8	11.1	13.5	13.7	6.4	1.1
Chronic conditions ^(a)	18.7	19.0	19.3	16.5	15.8	-4.2	-4.4
Diabetes complications	9.9	10.4	10.7	7.7	7.1	-8.2	-8.6
Chronic conditions							
(excluding diabetes)	9.9	9.7	9.7	9.4	9.3	-1.6	-1.6
Total	32.1	32.5	33.3	30.6	30.4	-1.6	-1.7

⁽a) As more than one chronic condition may be reported for a separation, the sum of Diabetes complications and Chronic conditions (excluding diabetes) does not necessarily equal the total number of separations for Chronic conditions.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: Ave-average.

For 2009–10, the overall rate of PPHs was highest for residents of Very remote areas (68.2 per 1,000 population) and lowest for residents of Major cities (28.1 per 1,000 population). This pattern was also observed for the Vaccine preventable and Acute conditions (Table 7.14). For Chronic conditions, the highest rates were observed for those living in Remote and Very Remote areas, who had the highest rates for Diabetes complications.

Separations for patients living in areas classified as being in the lowest SES group were more likely to be hospitalised for a PPH than residents of other SES groups. The rate of PPH separations decreased with increased levels of advantage (Table 7.14).

Table 7.14: Separations per 1,000 population (age-standardised) for potentially preventable hospitalisations, by remoteness area and socioeconomic status, all hospitals, 2009–10

PPH category	Vaccine preventable conditions	Acute conditions	Total chronic conditions ^(a)	Diabetes complications	Chronic conditions (excluding diabetes)	Total
Remoteness						
Major cities	0.7	12.9	14.6	6.4	8.8	28.1
Inner regional	0.8	14.8	17.1	7.9	9.7	32.5
Outer regional	1.0	16.0	18.2	7.8	11.0	35.0
Remote	1.8	23.0	35.2	21.4	14.8	59.6
Very remote	3.1	29.6	36.4	19.2	19.0	68.2
SES group						
1-Lowest	1.1	16.0	20.8	9.7	11.8	37.7
2	0.8	14.3	17.3	7.7	10.2	32.2
3	0.8	14.0	17.1	8.3	9.4	31.7
4	0.7	13.0	13.4	5.6	8.3	27.1
5-Highest	0.6	11.7	10.7	4.3	6.7	22.9
Total	0.8	13.8	16.0	7.1	9.4	30.4

⁽a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions* (excluding diabetes) does not necessarily equal the total number of separations for *Chronic conditions*.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: PPH—potentially preventable hospitalisations; SES—socioeconomic status.

How urgent was the care?

Admissions to hospital can be categorised as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (includes elective and other planned care).

Table 7.15 includes information on urgency of admission and whether the separations were considered to be *Childbirth*, *Specialist mental health*, *Surgical*, *Medical* and *Other*. See the section *What care was provided?* for more information on these types of care.

In 2009–10, about 68% of separations were *Non-emergency* admissions, accounting for about 87% of same-day separations and 44% of overnight separations. Private hospitals accounted for about 54% of *Non-emergency* admissions and public hospitals accounted for about 92% of *Emergency* admissions (Table 7.15).

Table 7.15: Same-day and overnight separations by broad category of service, public and private hospitals, states and territories, 2009-10

	Public	Private	
	hospitals ^(a)	hospitals	Total
Same-day separations			
Childbirth	6,939	151	7,090
Specialist mental health	11,153	114,838	125,991
Emergency			
Surgical	19,879	2,749	22,628
Medical	474,711	8,576	483,287
Other	4,412	1,853	6,265
Non-emergency			
Surgical	345,631	740,835	1,086,466
Medical	1,475,431	846,955	2,322,386
Other	236,008	627,608	863,606
Total	2,574,164	2,343,565	4,917,729
Overnight separations			
Childbirth	204,162	84,169	288,331
Specialist mental health	85,675	30,805	115,861
Emergency			
Surgical	209,499	30,062	239,561
Medical	1,219,802	125,349	1,345,151
Other	51,096	10,129	61,225
Non-emergency			
Surgical	329,371	522,542	851,913
Medical	377,057	276,143	653,200
Other	22,605	38,951	61,556
Total	2,499,267	1,118,150	3,617,417
Total	5,073,431	3,461,715	8,535,146

For 2009-10, Tasmania was unable to fully indentify specialised psychiatric care days in public acute hospitals due to the implementation of a new information system. Tasmanian public acute hospitals accounted for about 2,100 separations with specialised mental health care in

What care was provided?

The care that is provided can be described in terms of:

- the broad category of service Childbirth, Specialist mental health, Medical (not involving a procedure), Surgical (involving an operating room procedure) or Other (involving a non-operating room procedure, such as endoscopy)
- the intent of care acute, sub-acute (such as Rehabilitation or Palliative) or non-acute (such as Maintenance care)
- the type of surgical or other procedure undertaken.

Note: See Box 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.8 and S7.9 at the end of this chapter.

Broad category of service

This section presents information describing care by the following broad categories of service:

- *Childbirth* includes separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- *Specialist mental health* includes separations for which specialised psychiatric care days were reported.
- Surgical includes separations for which the AR-DRG belonged to the Surgical partition. Excludes separations for Childbirth and Specialist mental health.
- *Medical* includes separations for which the AR-DRG belonged to the *Medical* partition. Excludes separations for *Childbirth* and *Specialist mental health*.
- Other includes separations for which the AR-DRG did not belong to the Surgical or Medical partitions. Excludes separations for Childbirth and Specialist mental health.

In 2009–10, almost 18% of separations in public hospitals were for *Surgical* care and 58% were for *Medical* care, compared to 37% and 30% in private hospitals, respectively (Table 7.15). Over 3.5% of separations had a broad category of service reported as *Childbirth*.

There were almost 242,000 separations for *Specialist mental health care*. Private hospitals provided about 60% of these, accounting for over 91% of same-day separations and 27% of overnight separations for *Specialist mental health care*.

Care type

The **care type** describes the overall nature of a clinical service provided to an admitted patient during an episode of care.

The care type can be classified as *Acute, Rehabilitation, Palliative, Geriatric evaluation and management, Psychogeriatric, Maintenance, Newborn* and *Other admitted patient* care.

For public and private sectors combined, 95.2% of separations were classified as episodes of *Acute* care, 0.9% as *Newborn* (with qualified days) and 2.9% as *Rehabilitation* care (Table 7.16). Public and private sectors varied in the proportions of separations and the separation rates for each care type. The proportion of patient days and days per 1,000 population varied for each care type and between public and private sectors.

In public hospitals, the average length of stay for episodes of *Acute* care (3.0 days) was longer than that for private hospitals (2.2 days). The average length of stay for *Rehabilitation* care was 18.3 days in public hospitals, and 5.2 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in the private sector, as well as a number of very long stay rehabilitation separations in the public sector. More information on sub-acute and non-acute care is available in *Chapter 11*.

Table 7.16: Selected separation statistics by care type, public and private hospitals, 2009-10

Care type and sector	Separations	Separations per 1,000 population	Patient days	Patient days per 1,000 population ^(a)	Average length of stay
Public hospitals					
Acute care	4,863,351	214.9	14,590,181	637.7	3.0
Newborn total ^(b)	228,475	10.2	450,753	38.7	2.0
Newborn with qualified days only	47,634	2.2	414,134	19.2	8.7
Newborn with a mixture of qualified days and unqualified days ^(c)	9,466	0.4	36,619	1.7	3.9
Rehabilitation care	82,692	3.5	1,517,048	64.8	18.3
Other non-acute care ^(d)	70,288	2.9	1,580,963	65.7	22.5
Total ^(e)	5,073,431	223.9	18,138,945	789.1	3.6
Private hospitals					
Acute care	3,258,854	142.4	7,109,212	307.3	2.2
Newborn total ^(b)	62,950	2.9	112,279	13.9	1.8
Newborn with qualified days only	16,116	0.7	104,866	4.9	6.5
Newborn with a mixture of qualified days and unqualified days ^(c)	1,794	0.1	7,413	0.3	4.1
Rehabilitation care	168,972	7.1	872,470	36.1	5.2
Other non-acute care ^(d)	15,979	0.7	168,216	6.9	10.5
Total ^(e)	3,461,715	151.1	8,262,177	355.8	2.4
Total	8,535,146	375.0	26,401,122	1,145.0	3.1

⁽a) Rates are directly age-standardised to the June 2009 Australian population as detailed in Appendix 1.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.5 and S7.6 at the end of this chapter.

What was the cost of the care?

Admitted patient expenditure—public hospitals

In 2009-10, approximately \$24 billion was spent on admitted patient services in public hospitals (Table 7.17). This figure is based on the total expenditure reported for public hospitals, multiplied by the estimated 'admitted patient cost proportion' provided for each public hospital (see *chapters 3* and 4 for more information).

⁽b) For Newborns with a mixture of qualified and unqualified days, the number of patient days includes only the qualified days for these separations. Unqualified days for these separations are not included in counts of patient days in this report.

The totals do not include separations and unqualified days for Newborns (without qualified days). For information on Newborn (without qualified days), see tables S7.5 and S7.6.

Includes separations for Palliative care, Geriatric evaluation and management, Psychogeriatric care, Maintenance care and Other admitted patient care.

Table 7.17: Estimated expenditure on admitted patient care (\$'000,000), public hospitals, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				\$'0	00,000				_
Total expenditure	10,644	8,520	6,457	3,523	2,638	822	631	471	33,706
Estimated admitted patient cost proportion ^(a)	0.69	0.72	0.74	0.66	0.70	0.71	0.68	0.80	0.71
Estimated admitted patient expenditure ^(b)	7,347	6,174	4,688	2,344	1,875	563	430	377	23,799

⁽a) Estimated admitted patient cost proportion is based on the weighted mean of reported admitted patient cost proportions for all benchmarking hospitals in the state or territory.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Cost weights

The cost estimates for admitted patient care are approximations of the relative costs of hospital services during 2009–10. They should be used with caution in any comparisons between the states and territories. They are not derived from, or comparable to, the expenditure and cost per casemix-adjusted separation information presented in *chapters* 3 and 4.

Estimated total admitted patient costs are not directly comparable between public and private hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information. These costs are included in public hospital cost information.

The 'cost weight' for a separation is the ratio of the estimated average cost for the separation (based on the reported AR-DRG version 5.2) compared to the average cost for all acute separations. For 2009–10, the 2008–09 AR-DRG version 5.2 cost weights obtained from the National Hospital Cost Data Collection (NHCDC) (DoHA 2010) were applied to each separation. 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. For more information on the NHCDC, see *Appendix 3*.

The average relative cost for admitted patient care varied across the public and private sectors. In public hospitals, separations for *Public patients* generally had lower average cost weights than *Other patients* (Table 7.18). In private hospitals, *Self-funded* separations had lower average costs than other separations. In the public sector, separations funded by *Motor vehicle third party personal claim* had higher average cost weights than most other separations.

Cost by volume

An estimate of expenditure in public and private hospitals can be made using AR-DRGs and related cost information. The NHCDC provided estimates of average costs for each separation. The average cost weight was \$4,133 in the public sector (including depreciation) and \$3,047 in the private sector (based on 2008–09 AR-DRGs version 5.2, DoHA 2010).

⁽b) Admitted patient expenditure includes estimated expenditure on non-benchmarking hospitals (see Chapter 3) in the state or territory.

Table 7.18: Average cost weight of separations, by principal source of funds, public and private hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(a)	1.04	0.95	1.00	0.91	1.06	1.07	0.98	0.67	0.99
Private health insurance	1.11	1.06	0.94	1.37	1.24	0.89	1.54	0.94	1.10
Self-funded ^(b)	1.27	0.73	1.02	0.80	0.86	0.00	1.45	1.19	1.03
Workers compensation	1.25	1.23	1.32	1.30	1.30	1.28	1.37	1.24	1.27
Motor vehicle third party personal claim	1.81	2.20	2.25	2.74	2.31	2.29	3.89	2.28	2.18
Department of Veterans' Affairs	1.20	1.17	1.12	1.14	1.28	1.02	0.84	1.17	1.17
Other ^(c)	1.69	1.24	0.97	1.26	1.07	1.82	1.00	1.11	1.25
Total	1.07	0.98	1.00	0.96	1.08	1.05	1.01	0.69	1.01
Private hospitals									
Public patients ^(a)	1.12	0.85	0.58	0.15	0.31	n.p.	n.p.	n.p.	0.34
Private health insurance	0.85	0.81	0.83	0.85	0.87	n.p.	n.p.	n.p.	0.84
Self-funded ^(b)	0.69	0.52	0.49	0.53	0.61	n.p.	n.p.	n.p.	0.58
Workers compensation	1.22	1.10	1.02	1.02	1.18	n.p.	n.p.	n.p.	1.12
Motor vehicle third party personal claim	1.00	0.98	1.99	0.94	1.40	n.p.	n.p.	n.p.	1.02
Department of Veterans' Affairs	1.19	1.15	0.94	1.07	1.12	n.p.	n.p.	n.p.	1.06
Other ^(c)	0.88	0.86	0.42	0.62	0.61	n.p.	n.p.	n.p.	0.77
Total	0.86	0.81	0.80	0.73	0.87	n.p.	n.p.	n.p.	0.82

Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements. Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some Public patient services were funded through the Medicare Benefit Scheme.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods Abbreviation: n.p.—not published.

The cost-by-volume figures in Table 7.19 were derived for each AR-DRG version 5.2 by multiplying the estimated average cost for the AR-DRG by the number of acute separations for the AR-DRG. The cost estimates for all of the AR-DRGs within a given Major Diagnostic Category (MDC) were then summed to produce an estimated cost for the MDC. It should be noted that the estimates in Table 7.19 do not include the costs for sub-acute and non-acute separations. The cost estimates in that table do not reconcile with those presented for total admitted patient care in public hospitals due to different estimation methods.

For 2009-10, the total estimated costs for acute admitted patient care were \$20.6 billion in public hospitals and \$8.2 billion in private hospitals (Table 7.19). The highest cost-by-volume MDC in both the public and private sector was Diseases and disorders of the musculoskeletal system and connective tissue (over \$2,450 million and \$1,936 million, respectively); Medical DRGs accounted for 54% of the estimated costs in public hospitals and 26% in private hospitals. Surgical DRGs accounted for 42% of the estimated costs in public hospitals and about 66% in private hospitals.

⁽b) Tasmania was unable to identify all 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.

Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and Not reported.

Table 7.19: Separation (a) and cost statistics, by Major Diagnostic Category version 5.2 and Medical/Surgical/Other partition, public and private hospitals, 2009–10

		Public hos	pitals	Private hospitals		
Majo	or Diagnostic Category	Separations	Cost by volume (\$'000) ^(b)	Separations	Cost by volume (\$'000) ^(c)	
PR	Pre-MDC (tracheostomies, transplants, ECMO)	12,404	1,115,782	1,480	134,711	
01	Diseases and disorders of the nervous system	243,976	1,387,636	67,596	266,143	
02	Diseases and disorders of the eye	98,083	277,821	218,071	372,089	
03	Diseases and disorders of the ear, nose, mouth and throat	186,857	540,080	218,458	327,749	
04	Diseases and disorders of the respiratory system	275,632	1,488,959	91,326	257,224	
05	Diseases and disorders of the circulatory system	409,049	2,214,749	160,720	1,124,403	
06	Diseases and disorders of the digestive system	498,925	1,867,018	548,132	789,578	
07	Diseases and disorders of the hepatobiliary system and pancreas	93,211	592,240	35,017	140,568	
80	Diseases and disorders of the musculoskeletal system and connective tissue	369,562	2,450,381	351,774	1,936,395	
09	Diseases and disorders of the skin, subcutaneous tissue and breast	185,458	721,167	180,190	387,193	
10	Endocrine, nutritional and metabolic diseases and disorders	74,034	451,736	44,214	201,221	
11	Diseases and disorders of the kidney and urinary tract	1,106,348	1,246,806	293,966	279,020	
12	Diseases and disorders of the male reproductive system	46,244	176,048	69,678	162,307	
13	Diseases and disorders of the female reproductive system	113,646	417,804	166,358	296,775	
14	Pregnancy, childbirth and puerperium	345,854	1,451,454	154,534	520,794	
15	Newborns and other neonates	65,964	648,246	19,802	71,133	
16	Diseases and disorders of the blood and blood- forming organs, and immunological disorders	80,469	212,586	36,613	53,071	
17	Neoplastic disorders (haematological and solid neoplasms)	192,221	503,711	227,993	175,179	
18	Infectious and parasitic diseases	60,399	406,990	13,186	72,073	
19	Mental diseases and disorders	133,237	1,191,050	128,024	280,632	
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	33,571	107,934	28,356	69,965	
21	Injuries, poisoning and toxic effects of drugs	151,274	652,886	23,302	74,973	
22	Burns	8,485	71,892	338	1,582	
23	Factors influencing health status and other contacts with health services	129,995	272,156	188,706	135,648	
ED	Error DRGs ^(d)	5,558	94,270	9,226	49,964	
	Surgical DRG	967,919	8,565,575	1,332,945	5,390,598	
	Medical DRG	3,633,758	11,001,402	1,260,098	2,130,490	
	Other DRG	318,779	994,425	684,017	659,300	
Tota	<u> </u>	4,920,456	20,561,402	3,277,060	8,180,388	

⁽a) Separations for which the care type was reported as Acute, or Newborn (with qualified days), or Not reported.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

⁽b) Cost by volume for public hospitals is based on the 2008–09 AR-DRG version 5.2 average public hospital cost estimates applied to AR-DRG version 5.2.

⁽c) Cost by volume for private hospitals is based on the 2008–09 AR-DRG version 5.2 average private hospital cost estimates applied to AR-DRG version 5.2.

⁽d) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Who paid for the care?

The **funding source** describes the principal source of funds for the admitted patient episode.

There may be some variation between jurisdictions in the definitions of funding source categories and in the way in which state- or territory- level information was mapped to the *National health data dictionary* domain values (see *Appendix 1*).

In 2009–10, about 85% of separations in public hospitals were for *Public patients*, compared to about 3% in private hospitals. Almost 80% of private hospital separations were funded by *Private health insurance* (Table 7.20).

Table 7.20: Separations, by principal source of funds, public and private hospitals, 2009-10

	Public	Private	
	hospitals	hospitals	Total
Public patients ^(a)	4,319,437	102,014	4,421,451
Private health insurance	501,819	2,767,947	3,269,766
Self-funded ^(b)	58,715	285,850	344,565
Workers compensation	21,584	57,555	79,139
Motor vehicle third party personal claim	24,987	6,376	31,363
Department of Veterans' Affairs	118,539	199,732	318,271
Other ^(c)	28,350	42,241	70,591
Total	5,073,431	3,461,715	8,535,146

⁽a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some public patient services were funded through the Medicare Benefit Scheme.

Note: See boxes 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.2 and S7.3 at the end of this chapter.

How much care was contracted between hospitals?

Inter-hospital contracted patient separations are episodes of care for an admitted patients whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service for which the activity is recorded by both hospitals (HDSC 2008).

These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and regional or area health services.

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 NHMD.

In 2009–10, there were over 75,000 separations for inter-hospital contracted patients (Table 7.21). The total number of inter-hospital contracted patients was higher for private

⁽b) Tasmania was unable to identify all 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.

⁽c) Other includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and Not reported.

hospitals than for public hospitals. Over 97% (59,500 separations) of contracted care provided by private hospitals was purchased by public hospitals.

Table 7.21: Separations, by inter-hospital contracted patient status, public and private hospitals, 2009–10

	Public hospitals	Private hospitals	Total
Inter-hospital contracted patient from public sector	10,306	57,774	68,080
Inter-hospital contracted patient from private sector	4,853	1,745	6,598
Not inter-hospital contracted patient	4,983,654	3,361,930	8,345,584
Not reported	74,618	40,266	114,884
Total	5,073,431	3,461,715	8,535,146

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.16 at the end of this chapter.

How much hospital care was provided in the patient's home?

Most states and territories have hospital-in-the-home (HITH) programs under which admitted patients are provided with hospital care in the home. This care has been defined 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 (HDSC 2008). Two jurisdictions (New South Wales and Tasmania) did not provide information on HITH activity to the NHMD. HITH days are counted as patient days in the data presented in this report (see Table S7.17 at the end of this chapter).

How long did patients stay?

In 2009–10, public hospitals accounted for 60% of separations and 69% of patient days. The average length of stay per separation was higher in the public sector, at 3.6 days, than in the private sector, at 2.4 days. Same-day separations accounted for 51% of public hospital separations and 68% of private hospital separations. The average length of stay for overnight separations was 5.9 days overall, 6.2 days in public hospitals and 5.3 days in private hospitals (Table 7.22).

Table 7.22 Average length of stay, public and private hospitals, 2009-10

	Separations	Same-day separations	Patient days	Average length of stay (ALOS)	ALOS (excluding same-day)
Public hospitals	5,073,431	2,574,164	18,138,945	3.6	6.2
Private hospitals	3,461,715	2,343,565	8,262,177	2.4	5.3
Total	8,535,146	4,917,729	26,401,122	3.1	5.9

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.2 and S7.3 at the end of this chapter.

Abbreviation: ALOS—average length of stay.

How was the care completed?

The **mode of separation** records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 92% of separations (7.9 million) had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 7.23). This was particularly the case in the private sector, where 97.2% of separations (3.4 million) were categorised as *Other*, compared with 88.9% (4.5 million) in the public sector.

There is a discrepancy between the number of separations with a mode of separation of *Discharge/transfer to an(other) hospital (acute and psychiatric)* (365,000; see Table 7.23) and the number of separations with a mode of admission of *Admitted patient transferred from another hospital* (343,000; see Table 7.5). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission, or that some patients were admitted and separated in different reporting years.

Table 7.23: Separations, by mode of separation, public and private hospitals, 2009-10

	Public hospitals	Private hospitals	Total
Discharge/transfer to an (other) acute hospital	300,984	55,969	356,953
Discharge/transfer to residential aged care service ^(a)	57,252	7,365	64,617
Discharge/transfer to an (other) psychiatric hospital	7,115	203	7,318
Discharge/transfer to other health care accommodation(b)	13,559	2,229	15,788
Statistical discharge: type change	75,265	15,015	90,280
Left against medical advice/discharge at own risk	40,262	2,414	42,676
Statistical discharge from leave	5,743	66	5,809
Died	59,683	13,350	73,033
Other ^(c)	4,513,546	3,365,088	7,878,634
Not reported	22	16	38
Total	5,073,431	3,461,715	8,535,146

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

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.15 at the end of this chapter.

Additional information

More detailed information on admitted patient care, including data by state and territory for principal diagnoses and procedures, is provided online at <www.aihw.gov.au/hospitals>.

⁽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).

Supplementary tables

The following supplementary tables provide more information on administrative data such as funding source, care type, sex and age group, Indigenous status, modes of admission and separation, urgency of admission, inter-hospital contracted patients and hospital-in-the-home care by state and territory.

Box 7.5: Methods—Chapter 7 supplementary tables

Table S7.4

- (a) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.
- (b) Includes *Resident overseas*, *At sea* and *No fixed address*.

Tables S7.5 and S7.6

- (a) The reporting of *Newborns* (without qualified days) only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.
- (b) Tasmania and the Northern Territory did not supply *Newborn* care according to the National health data dictionary definition and did not report any separations with both qualified and unqualified days.
- (c) Total separations include records for *Newborn* (without qualified days).
- (d) Total patient days exclude unqualified days for Newborns.

Table S7.7

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

Table S7.10

- (a) These conditions are defined using ICD-10-AM codes in *Appendix* 1.
- (b) Includes other territories and excludes overseas residents and unknown state of residence.
- (c) Excludes multiple diagnoses for the same separation within the same group.
- (d) Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease.

Tables S7.11 and S7.12

(a) Totals include separations where age group was *Not reported*.

Table S7.13 and S7.14

- (a) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See *Appendix 1* for further detail.
- (b) Excludes data for Tasmania and the Australian Capital Territory. See Box 7.4 for more information. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.
- (c) Totals include separations for which Indigenous status was Not reported.
- (d) The separation rate for *Other Australians* includes Indigenous status *Not reported*.
- (e) The rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians*.

Table S7.1: Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431
Public acute hospitals	1,540,833	1,424,134	922,581	504,381	381,202	101,038	88,356	99,694	5,062,219
Public psychiatric hospitals	6,278	529	389	1,528	1,853	635			11,212
Private hospitals ^(a)	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715
Private free standing day hospital facilities	213,168	188,405	212,680	103,537	57,055	n.p.	n.p.	n.p.	783,259
Other private hospitals ^(a)	747,538	697,371	632,273	277,763	212,960	n.p.	n.p.	n.p.	2,678,456
Public acute and private hospitals	2,501,539	2,309,910	1,767,534	885,681	651,217	n.p.	n.p.	n.p.	8,523,934
Total	2,507,817	2,310,439	1,767,923	887,209	653,070	n.p.	n.p.	n.p.	8,535,146
Overnight separations									
Public hospitals	856,709	615,183	453,538	236,231	209,695	50,445	40,729	36,737	2,499,267
Public acute hospitals	850,668	614,655	453,155	234,792	208,195	49,826	40,729	36,737	2,488,757
Public psychiatric hospitals	6,041	528	383	1,439	1,500	619			10,510
Private hospitals ^(a)	287,130	298,689	271, 4 26	120,307	93,432	n.p.	n.p.	n.p.	1,118,150
Private free standing day hospital facilities	0	0	0	1,259	0	n.p.	n.p.	n.p.	1,259
Other private hospitals (a)	287,130	298,689	271,426	119,048	93,432	n.p.	n.p.	n.p.	1,116,891
Public acute and private hospitals	1,137,798	913,344	724,581	355,099	301,627	n.p.	n.p.	n.p.	3,606,907
Total	1,143,839	913,872	724,964	356,538	303,127	n.p.	n.p.	n.p.	3,617,417
Same-day separations									
Public hospitals	690,402	809,480	469,432	269,678	173,360	51,228	47,627	62,957	2,574,164
Public acute hospitals	690,165	809,479	469,426	269,589	173,007	51,212	47,627	62,957	2,573,462
Public psychiatric hospitals	237	1	6	89	353	16			702
Private hospitals ^(a)	673,576	587,087	573,527	260,993	176,583	n.p.	n.p.	n.p.	2,343,565
Private free standing day hospital facilities	213,168	188,405	212,680	102,278	57,055	n.p.	n.p.	n.p.	782,000
Other private hospitals ^(a)	460,408	398,682	360,847	158,715	119,528	n.p.	n.p.	n.p.	1,561,565
Public acute and private hospitals	1,363,741	1,396,566	1,042,953	530,582	349,590	n.p.	n.p.	n.p.	4,917,027
Total	1,363,978	1,396,567	1,042,959	530,671	349,943	n.p.	n.p.	n.p.	4,917,729

Table S7.1 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Same-day separations as a % of total									
Public hospitals	44.6	56.8	50.9	53.3	45.3	50.4	53.9	63.2	50.7
Public acute hospitals	44.8	56.8	50.9	53.4	45.4	50.7	53.9	63.2	50.8
Public psychiatric hospitals	3.8	0.2	1.5	5.8	19.1	2.5			6.3
Private hospitals ^(a)	70.1	66.3	67.9	68.4	65.4	n.p.	n.p.	n.p.	67.7
Private free standing day hospital facilities	100.0	100.0	100.0	98.8	100.0	n.p.	n.p.	n.p.	99.8
Other private hospitals ^(a)	61.6	57.2	57.1	57.1	56.1	n.p.	n.p.	n.p.	58.3
Public acute and private hospitals	54.5	60.5	59.0	59.9	53.7	n.p.	n.p.	n.p.	57.7
Total	54.4	60.4	59.0	59.8	53.6	n.p.	n.p.	n.p.	57.6
Separations per 1,000 population ^(c)									
Public hospitals	204.8	248.8	204.8	222.8	217.3	188.0	263.6	486.8	221.6
Public acute hospitals	203.9	248.7	204.7	222.1	216.2	186.7	263.6	486.8	221.1
Public psychiatric hospitals	0.9	0.1	0.1	0.7	1.1	1.2			0.5
Private hospitals ^(a)	126.2	153.3	185.7	166.8	147.6	n.p.	n.p.	n.p.	149.5
Private free standing day hospital facilities	28.1	32.6	46.8	45.5	30.7	n.p.	n.p.	n.p.	33.9
Other private hospitals ^(a)	98.1	120.7	138.9	121.3	116.9	n.p.	n.p.	n.p.	115.5
Public acute and private hospitals	330.1	402.0	390.5	388.8	363.8	n.p.	n.p.	n.p.	370.5
Total	331.0	402.1	390.5	389.5	364.9	n.p.	n.p.	n.p.	371.0
Average public cost weight of separations ^(b)									
Public hospitals	1.07	0.98	1.00	0.96	1.08	1.05	1.01	0.69	1.01
Public acute hospitals	1.06	0.97	1.00	0.95	1.07	1.04	1.01	0.69	1.01
Public psychiatric hospitals	2.82	4.04	2.75	3.22	3.22	2.35			2.98
Private hospitals ^(a)	0.94	0.91	0.88	0.81	0.95	n.p.	n.p.	n.p.	0.91
Private free standing day hospital facilities	0.56	0.46	0.49	0.34	0.43	n.p.	n.p.	n.p.	0.48
Other private hospitals ^(a)	1.06	1.04	1.02	0.99	1.10	n.p.	n.p.	n.p.	1.04
Public acute and private hospitals	1.02	0.95	0.94	0.89	1.02	n.p.	n.p.	n.p.	0.97
Total	1.02	0.95	0.94	0.89	1.03	n.p.	n.p.	n.p.	0.97

Table S7.1 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average private cost weight of separations ^(c)									
Private hospitals ^(a)	0.86	0.81	0.80	0.73	0.87	n.p.	n.p.	n.p.	0.82
Private free standing day hospital									
facilities	0.43	0.30	0.34	0.25	0.31	n.p.	n.p.	n.p.	0.34
Other private hospitals (a)	1.00	0.95	0.97	0.91	1.03	n.p.	n.p.	n.p.	0.97
Patient days									
Public hospitals	6,097,367	4,606,599	3,128,097	1,722,439	1,591,333	423,915	296,483	272,712	18,138,945
Public acute hospitals	5,816,145	4,547,310	3,030,478	1,646,651	1,494,500	371,540	296,483	272,712	17,475,819
Public psychiatric hospitals	281,222	59,289	97,619	75,788	96,833	52,375			663,126
Private hospitals ^(a)	2,225,185	2,235,086	2,062,543	829,497	617,179	n.p.	n.p.	n.p.	8,262,177
Private free standing day hospital									
facilities	213,168	188,405	212,680	103,537	57,055	n.p.	n.p.	n.p.	783,259
Other private hospitals ^(a)	2,012,017	2,046,681	1,849,863	725,960	560,124	n.p.	n.p.	n.p.	7,478,918
Public acute and private hospitals	8,041,330	6,782,396	5,093,021	2,476,148	2,111,679	n.p.	n.p.	n.p.	25,737,996
Total	8,322,552	6,841,685	5,190,640	2,551,936	2,208,512	n.p.	n.p.	n.p.	26,401,122
Patient days per 1,000 population									
Public hospitals	789.4	788.2	693.0	759.5	857.0	748.2	897.0	1,478.5	779.7
Public acute hospitals	750.3	777.3	671.1	726.7	801.1	660.0	897.0	1,478.5	750.0
Public psychiatric hospitals	39.1	10.9	21.8	32.9	55.9	88.2			29.7
Private hospitals ^(a)	286.3	379.3	452.5	364.4	324.2	n.p.	n.p.	n.p.	351.2
Private free standing day hospital						•	,	,	
facilities	28.1	32.6	46.8	45.5	30.7	n.p.	n.p.	n.p.	33.9
Other private hospitals ^(a)	258.1	346.8	405.7	318.9	293.4	n.p.	n.p.	n.p.	317.3
Public acute and private hospitals	1,036.5	1,156.7	1,123.7	1,091.0	1,125.3	n.p.	n.p.	n.p.	1,101.2
Total	1,075.6	1,167.6	1,145.5	1,123.9	1,181.2	n.p.	n.p.	n.p.	1,130.9

Table S7.1 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (days)									
Public hospitals	3.9	3.2	3.4	3.4	4.2	4.2	3.4	2.7	3.6
Public acute hospitals	3.8	3.2	3.3	3.3	3.9	3.7	3.4	2.7	3.5
Public psychiatric hospitals ^(d)	44.8	112.1	250.9	49.6	52.3	82.5			59.1
Private hospitals ^(a)	2.3	2.5	2.4	2.2	2.3	n.p.	n.p.	n.p.	2.4
Private free standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals ^(a)	2.7	2.9	2.9	2.6	2.6	n.p.	n.p.	n.p.	2.8
Public acute and private hospitals	3.2	2.9	2.9	2.8	3.2	n.p.	n.p.	n.p.	3.0
Total	3.3	3.0	2.9	2.9	3.4	n.p.	n.p.	n.p.	3.1
Average length of stay, excluding same-day separatio	ns (days)								
Public hospitals	6.3	6.2	5.9	6.1	6.8	7.4	6.1	5.7	6.2
Public acute hospitals	6.0	6.1	5.7	5.9	6.3	6.4	6.1	5.7	6.0
Public psychiatric hospitals ^(d)	46.5	112.3	254.9	52.6	64.3	84.6			63.0
Private hospitals ^(a)	5.4	5.5	5.5	4.7	4.7	n.p.	n.p.	n.p.	5.3
Private free standing day hospital facilities				1.0		n.p.	n.p.	n.p.	1.0
Other private hospitals ^(a)	5.4	5.5	5.5	4.8	4.7	n.p.	n.p.	n.p.	5.3
Public acute and private hospitals	5.9	5.9	5.6	5.5	5.8	n.p.	n.p.	n.p.	5.8
Total	6.1	6.0	5.7	5.7	6.1	n.p.	n.p.	n.p.	5.9

⁽a) Includes private psychiatric hospitals.

Abbreviations: . .-not applicable; n.p.-not published.

⁽b) Separations for which the care type was reported as *Acute*, or as *Newborn* (with qualified days), or was *Not reported*. AR-DRG version 5.2 national public sector estimated cost weights 2008–09 were applied to AR-DRG version 5.2 DRGs for all rows in Average public cost weight of separations.

⁽c) Separations for which the care type was reported as *Acute*, or as *Newborn* (with qualified days), or was *Not reported*. AR-DRG version 5.2 national private sector estimated cost weights for 2008–09 were applied to AR-DRG version 5.2 DRGs for all rows in Average private cost weight of separations.

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

Table S7.2: Separations by funding source, public and private hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(a)	1,206,405	1,222,939	842,290	456,224	335,260	82,307	77,328	96,684	4,319,437
Private health insurance	248,074	131,580	39,428	32,102	30,099	14,498	5,508	530	501,819
Self-funded ^(b)	23,966	16,795	15,160	658	1,663	n.a.	142	331	58,715
Workers compensation	7,162	5,567	4,524	1,722	1,373	477	384	375	21,584
Motor vehicle third party personal claim	7,195	8,452	3,271	2,949	1,714	662	242	502	24,987
Department of Veterans' Affairs	50,189	27,975	14,248	8,215	10,320	3,307	4,019	266	118,539
Other ^(c)	4,120	11,355	4,049	4,039	2,626	422	733	1,006	28,350
Total	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431
Private hospitals									
Public patients ^(a)	9,131	2,484	20,512	66,048	3,403	n.p.	n.p.	n.p.	102,014
Private health insurance	773,605	750,487	654,211	271,480	235,727	n.p.	n.p.	n.p.	2,767,947
Self-funded ^(b)	107,265	74,785	71,456	17,606	9,909	n.p.	n.p.	n.p.	285,850
Workers compensation	21,256	11,296	11,885	6,760	4,739	n.p.	n.p.	n.p.	57,555
Motor vehicle third party personal claim	1,059	3,718	101	730	528	n.p.	n.p.	n.p.	6,376
Department of Veterans' Affairs	47,332	38,072	77,960	16,314	13,729	n.p.	n.p.	n.p.	199,732
Other ^(c)	1,058	4,934	8,828	2,362	1,980	n.p.	n.p.	n.p.	42,241
Total	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715
All hospitals	2,507,817	2,310,439	1,767,923	887,209	653,070	n.p.	n.p.	n.p.	8,535,146

⁽a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some Public patient services were funded through the Medicare Benefit Scheme.

Abbreviations: n.a.—not available; n.p.—not published.

⁽b) Tasmania was unable to identify all 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.

⁽c) 'Other' includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, No charge raised (in private hospitals) and Not reported.

Table S7.3: Patient days by funding source, public and private hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(a)	4,591,633	3,750,782	2,848,278	1,467,741	1,321,706	351,924	250,460	259,105	14,841,629
Private health insurance	1,006,742	514,232	125,126	161,551	157,853	45,137	26,049	1,216	2,037,906
Self-funded ^(b)	82,546	27,583	25,994	3,353	2,291	n.a.	751	1,424	143,942
Workers compensation	25,354	16,909	16,583	6,463	5,256	1,379	1,327	1,387	74,658
Motor vehicle third party personal claim	41,341	42,967	21,692	25,172	11,955	4,030	1,854	3,138	152,149
Department of Veterans' Affairs	289,108	163,934	76,370	41,356	83,580	18,395	13,601	2,056	688,400
Other ^(c)	60,643	90,192	14,054	16,803	8,692	3,050	2,441	4,386	200,261
Total	6,097,367	4,606,599	3,128,097	1,722,439	1,591,333	423,915	296,483	272,712	18,138,945
Private hospitals									
Public patients ^(a)	17,575	4,248	57,096	88,794	5,222	n.p.	n.p.	n.p.	174,323
Private health insurance	1,768,338	1,874,757	1,572,319	618,239	529,640	n.p.	n.p.	n.p.	6,564,411
Self-funded ^(b)	172,086	120,011	80,654	20,298	11,387	n.p.	n.p.	n.p.	410,130
Workers compensation	46,965	28,591	20,656	11,307	10,490	n.p.	n.p.	n.p.	121,544
Motor vehicle third party personal claim	2,909	25,075	190	1,530	1,997	n.p.	n.p.	n.p.	33,058
Department of Veterans' Affairs	215,316	169,751	317,166	84,472	53,352	n.p.	n.p.	n.p.	867,336
Other ^(c)	1,996	12,653	14,462	4,857	5,091	n.p.	n.p.	n.p.	91,375
Total	2,225,185	2,235,086	2,062,543	829,497	617,179	n.p.	n.p.	n.p.	8,262,177
All hospitals	8,322,552	6,841,685	5,190,640	2,551,936	2,208,512	n.p.	n.p.	n.p.	26,401,122

⁽a) Public patients includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some Public patient services were funded through the Medicare Benefit Scheme.

Abbreviations: n.a.—not available; n.p.—not published.

⁽b) Tasmania was unable to identify all 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.

⁽c 'Other' includes separations with a funding source of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a public patient election status), Other, No charge raised (in private hospitals) and Not reported.

Table S7.4: Separations, by state or territory of usual residence, public and private hospitals, states and territories, 2009–10

			S	tate or territo	y of hospita	lisation				Separations
State or territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	per 1,000 population ^(b)
Public hospitals										
New South Wales	1,517,955	29,450	10,636	704	1,740	186	20,196	407	1,581,274	219.0
Victoria	3,591	1,383,314	1,929	615	2,156	231	235	357	1,392,428	245.6
Queensland	11,518	1,479	903,490	606	419	254	172	423	918,361	206.5
Western Australia	575	533	444	501,450	413	32	42	2,319	505,808	221.2
South Australia	604	1,925	451	324	375,490	108	52	2,929	381,883	217.9
Tasmania	286	1,586	271	79	92	100,328	30	33	102,705	198.7
Australian Capital Territory	2,793	222	180	43	42	4	67,545	22	70,851	214.2
Northern Territory	220	296	410	210	2,049	0	15	92,857	96,057	476.7
Other Australian territories (a)	n.p.	9	9	144	0	0	0	2	n.p.	n.p.
Not elsewhere classified ^(b)	n.p.	4,963	4,382	1,715	162	398	69	345	n.p.	n.p.
Not reported	0	886	768	19	491	0	0	0	2,296	0.0
Total	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431	226.2
Private hospitals										
New South Wales	943,265	7,705	29,588	243	1,650	n.p.	n.p.	n.p.	990,178	131.2
Victoria	7,856	873,928	1,364	206	1,635	n.p.	n.p.	n.p.	885,271	154.9
Queensland	4,726	1,032	811,518	213	349	n.p.	n.p.	n.p.	818,038	182.2
Western Australia	322	321	257	380,097	122	n.p.	n.p.	n.p.	381,243	166.7
South Australia	270	513	316	157	264,701	n.p.	n.p.	n.p.	266,006	146.4
Tasmania	235	1,314	279	35	61	n.p.	n.p.	n.p.	68,266	139.9
Australian Capital Territory	2,577	232	178	24	58	n.p.	n.p.	n.p.	32,082	94.4
Northern Territory	371	369	728	164	1,216	n.p.	n.p.	n.p.	14,181	74.1
Other Australian territories (a)	116	0	50	43	0	n.p.	n.p.	n.p.	n.p.	n.p.
Not elsewhere classified ^(b)	968	329	613	117	6	n.p.	n.p.	n.p.	n.p.	n.p.
Not reported	0	0	62	0	215	n.p.	n.p.	n.p.	345	0.0
Total	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715	151.2
Total	2,507,817	2,310,439	1,767,923	887,209	653,070	n.p.	n.p.	n.p.	8,535,146	377.4

Table S7.5: Separations by care type, public and private hospitals, states and territories, 2009–10

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,473,067	1,377,417	880,728	489,249	366,576	97,527	81,422	97,365	4,863,351
Rehabilitation care	29,329	14,796	18,786	8,511	6,510	1,358	2,788	614	82,692
Palliative care	10,279	6,208	5,953	1,284	1,627	310	651	321	26,633
Geriatric evaluation and management	3,689	13,250	1,671	668	1,327	35	639	31	21,310
Psychogeriatric care	744	0	544	708	260	48	31	1	2,336
Maintenance care	6,936	811	5,150	1,430	2,794	479	1,640	384	19,624
Newborn-qualified days only	19,441	10,518	7,378	3,572	2,876	1,828	1,079	942	47,634
Newborn-qualified and unqualified days ^(b)	3,621	1,663	2,500	487	1,085	3	106	1	9,466
Newborn-unqualified days only	53,920	43,694	35,515	18,408	11,493	2,533	3,268	2,544	171,375
Newborn total	76,982	55,875	<i>45,3</i> 93	22,467	15,454	4,364	<i>4,4</i> 53	3, 4 87	228,475
Other admitted patient care	0	0	260	0	0	85	0	35	380
Not reported	5	0	0	0	0	0	0	0	5
Total	1,601,031	1,468,357	958,485	524,317	394,548	104,206	91,624	102,238	5,244,806
Private hospitals									
Acute care	852,910	857,955	808,647	374,076	251,138	n.p.	n.p.	n.p.	3,258,854
Rehabilitation care	99,562	16,189	29,893	1,757	17,776	n.p.	n.p.	n.p.	168,972
Palliative care	419	594	1,696	1,998	220	n.p.	n.p.	n.p.	5,016
Geriatric evaluation and management	0	0	45	4	34	n.p.	n.p.	n.p.	88
Psychogeriatric care	0	7,177	22	902	0	n.p.	n.p.	n.p.	8,102
Maintenance care	149	62	1,831	206	22	n.p.	n.p.	n.p.	2,283
Newborn-qualified days only	7,356	3,799	2,169	1,332	825	n.p.	n.p.	n.p.	16,116
Newborn-qualified and unqualified days ^(b)	310	0	457	1,025	0	n.p.	n.p.	n.p.	1,794
Newborn-unqualified days only	16,959	3	16,675	8,397	846	n.p.	n.p.	n.p.	46,834
Newborn total	24,625	3,802	19,301	10,754	1,671	n.p.	n.p.	n.p.	64,744
Other admitted patient care	0	0	193	0	0	n.p.	n.p.	n.p.	194
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	296
Total ^(c)	977,665	885,779	861,628	389,697	270,861	n.p.	n.p.	n.p.	3,508,549

Table S7.6: Patient days, by care type, public and private hospitals, states and territories, 2009–10

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	5,025,529	3,695,797	2,460,448	1,388,560	1,198,800	359,348	217,836	243,863	14,590,181
Rehabilitation care	544,278	310,667	276,360	192,086	123,707	34,117	30,318	5,515	1,517,048
Palliative care	113,995	88,371	51,996	12,570	19,568	3,440	7,450	3,372	300,762
Geriatric evaluation and management	38,414	324,852	33,543	6,329	17,247	641	9,376	603	431,005
Psychogeriatric care	67,975	0	13,658	34,986	25,613	50	925	13	143,220
Maintenance care	170,503	70,141	208,671	48,409	165,185	12,632	20,307	8,713	704,561
Newborn-qualified days	136,664	116,771	82,253	39,499	41,213	13,533	10,271	10,549	450,753
Newborn-unqualified days	146,008	111,370	81,059	48,651	31,790	6,022	7,116	6,940	438,956
Newborn total	282,672	228,141	163,312	88,150	73,003	19,555	17,387	17,489	889,709
Other admitted patient care	0	0	1,168	0	0	154	0	84	1,406
Not reported	9	0	0	0	0	0	0	0	9
Total ^(d)	6,097,367	4,606,599	3,128,097	1,722,439	1,591,333	423,915	296,483	272,712	18,138,945
Private hospitals									
Acute care	1,797,792	1,930,759	1,833,992	745,177	545,306	n.p.	n.p.	n.p.	7,109,212
Rehabilitation total	380,663	231,019	139,048	31,739	63,460	n.p.	n.p.	n.p.	872,470
Palliative care	4,626	7,048	24,056	19,380	3,421	n.p.	n.p.	n.p.	59,785
Geriatric evaluation and management	0	0	290	4	74	n.p.	n.p.	n.p.	397
Psychogeriatric care	0	40,362	377	15,940	0	n.p.	n.p.	n.p.	56,709
Maintenance care	1,903	2,280	36,965	5,340	96	n.p.	n.p.	n.p.	47,155
Newborn-qualified days	40,201	23,618	27,303	11,917	4,822	n.p.	n.p.	n.p.	112,279
Newborn-unqualified days	73,845	15	66,317	41,077	3,444	n.p.	n.p.	n.p.	200,892
Newborn total	114,046	23,633	93,620	52,994	8,266	n.p.	n.p.	n.p.	313,171
Other admitted patient care	0	0	512	0	0	n.p.	n.p.	n.p.	516
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	3,654
Total ^(d)	2,225,185	2,235,086	2,062,543	829,497	617,179	n.p.	n.p.	n.p.	8,262,177

Table S7.7: Separations, by mode of admission, public and private hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Admitted patient transferred from another hospital	88,613	66,580	29,686	35,238	17,521	2,231	2,795	236	242,900
Statistical admission: type change	23,662	10,667	19,256	7,160	5,219	1,879	5,075	1,357	74,275
Other ^(a)	1,414,463	1,346,673	874,028	463,511	358,055	97,563	80,486	98,101	4,732,880
Not reported	20,373	743	0	0	2,260	0	0	0	23,376
Total	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431
Private hospitals									
Admitted patient transferred from another hospital	38,867	29,703	17,263	6,046	5,573	n.p.	n.p.	n.p.	100,480
Statistical admission: type change	3,630	2,593	5,420	1,451	475	n.p.	n.p.	n.p.	18,903
Other ^(a)	917,926	853,480	822,270	373,803	263,907	n.p.	n.p.	n.p.	3,335,158
Not reported	283	0	0	0	60	n.p.	n.p.	n.p.	7,174
Total	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715
All hospitals									
Admitted patient transferred from another hospital	127,480	96,283	46,949	41,284	23,094	n.p.	n.p.	n.p.	343,380
Statistical admission: type change	27,292	13,260	24,676	8,611	5,694	n.p.	n.p.	n.p.	93,178
Other ^(a)	2,332,389	2,200,153	1,696,298	837,314	621,962	n.p.	n.p.	n.p.	8,068,038
Not reported	20,656	743	0	0	2,320	n.p.	n.p.	n.p.	30,550
Total	2,507,817	2,310,439	1,767,923	887,209	653,070	n.p.	n.p.	n.p.	8,535,146

Table S7.8: Same-day and overnight separations by broad category of service, public hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT	NT	Total
Same-day separations									
Childbirth	2,334	1,021	1,794	666	468	155	309	192	6,939
Specialist mental health	4,390	434	4,718	582	776	16	166	71	11,153
Emergency									
Surgical	7,525	5,687	2,414	1,997	1,238	204	691	123	19,879
Medical	128,942	145,428	109,633	40,892	31,604	2,231	8,343	7,638	474,711
Other	1,867	939	555	553	186	184	106	22	4,412
Non-emergency									
Surgical	96,644	109,687	52,775	35,500	34,771	8,143	4,314	3,797	345,631
Medical	385,331	464,083	263,294	152,675	96,096	33,425	30,648	49,879	1,475,431
Other	63,369	82,201	34,249	36,813	8,221	6,870	3,050	1,235	236,008
Total	690,402	809,480	469,432	269,678	173,360	51,228	47,627	62,957	2,574,164
Overnight separations									
Childbirth	69,349	50,358	40,566	19,561	13,928	3,839	3,740	2,821	204,162
Specialist mental health	30,667	19,306	17,123	9,031	6,943	619	1,191	795	85,675
Emergency									
Surgical	70,281	52,069	34,513	24,027	17,436	2,287	5,085	3,801	209,499
Medical	436,693	282,606	223,399	119,018	110,609	10,319	16,405	20,753	1,219,802
Other	19,051	12,540	7,327	5,109	4,802	501	936	830	51,096
Non-emergency									
Surgical	97,917	92,884	61,491	30,427	28,656	9,862	5,496	2,638	329,371
Medical	126,317	99,073	64,351	27,680	25,212	21,903	7,696	4,825	377,057
Other	6,434	6,347	4,768	1,378	2,109	1,115	180	274	22,605
Total	856,709	615,183	453,538	236,231	209,695	50,445	40,729	36,737	2,499,267
Total	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431

⁽a) For 2009–10, Tasmania was unable to fully indentify specialised psychiatric care days in public acute hospitals due to the implementation of a new information system. Tasmanian public acute hospitals accounted for about 2,100 separations with specialised mental health care in 2008–09.

Table S7.9: Same-day and overnight separations by broad category of service, private hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Same-day separations									
Childbirth	29	27	37	12	17	n.p.	n.p.	n.p.	151
Specialist mental health	32,966	45,448	28,614	4,342	330	n.p.	n.p.	n.p.	114,838
Emergency									
Surgical	428	320	518	414	1,033	n.p.	n.p.	n.p.	2,749
Medical	1,349	1,632	2,686	1,439	1,408	n.p.	n.p.	n.p.	8,576
Other	229	152	267	149	1,036	n.p.	n.p.	n.p.	1,853
Non-emergency									
Surgical	240,284	177,674	165,644	70,515	56,566	n.p.	n.p.	n.p.	740,835
Medical	214,495	182,075	234,473	122,058	75,490	n.p.	n.p.	n.p.	846,955
Other	183,796	179,759	141,288	62,064	40,703	n.p.	n.p.	n.p.	627,608
Total	673,576	587,087	573,527	260,993	176,583	n.p.	n.p.	n.p.	2,343,565
Overnight separations									
Childbirth	23,951	21,513	18,517	10,366	5,119	n.p.	n.p.	n.p.	84,169
Specialist mental health	8,629	10,392	5,974	3,760	1,383	n.p.	n.p.	n.p.	30,805
Emergency									
Surgical	3,748	7,471	9,961	4,372	3,965	n.p.	n.p.	n.p.	30,062
Medical	13,915	30,901	49,128	13,579	15,381	n.p.	n.p.	n.p.	125,349
Other	973	3,163	3,434	1,143	1,218	n.p.	n.p.	n.p.	10,129
Non-emergency									
Surgical	151,963	128,336	110,843	61,948	44,860	n.p.	n.p.	n.p.	522,542
Medical	74,467	84,173	63,415	22,601	18,758	n.p.	n.p.	n.p.	276,143
Other	9,484	12,740	10,154	2,538	2,748	n.p.	n.p.	n.p.	38,951
Total	287,130	298,689	271,426	120,307	93,432	n.p.	n.p.	n.p.	1,118,150
Total	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715

Table S7.10: Separations for selected potentially preventable hospitalisations (a), by state or territory of usual residence, all hospitals, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Vaccine-preventable conditions									
Influenza and pneumonia	4,510	2,695	3,170	1,550	1,128	308	149	385	13,905
Other vaccine-preventable conditions	998	1,386	726	345	385	46	20	108	4,018
Total vaccine-preventable conditions ^(c)	5,503	4,076	3,887	1,891	1,512	354	169	489	17,895
Acute conditions									
Appendicitis with generalised peritonitis	1,287	1,151	748	518	369	86	55	38	4,254
Cellulitis	13,400	9,776	8,916	3,158	2,930	748	452	764	40,181
Convulsions and epilepsy	10,940	7,635	6,882	3,146	2,692	642	426	797	33,241
Dehydration and gastroenteritis	20,478	19,063	13,380	5,819	5,006	1,181	654	627	66,259
Dental conditions	15,757	16,583	12,592	7,919	5,002	1,105	610	663	60,251
Ear, nose and throat infections	10,981	7,312	8,082	3,539	3,209	644	348	728	34,870
Gangrene	1,104	1,957	1,114	495	417	157	40	152	5,438
Pelvic inflammatory disease	1,307	1,149	1,082	455	349	96	67	129	4,635
Perforated/bleeding ulcer	1,680	1,389	986	543	469	115	74	21	5,279
Pyelonephritis	17,891	14,289	11,800	5,197	4,386	830	600	592	55,616
Total acute conditions ^(c)	94,784	80,263	65,543	30,771	24,819	5,600	3,325	4,505	309,864
Chronic conditions									
Angina	9,435	8,533	8,435	3,102	2,672	623	275	374	33,469
Asthma	13,228	9,987	7,867	2,873	3,744	623	363	452	39,166
Chronic obstructive pulmonary disease	20,640	14,664	13,375	4,867	5,504	1,521	574	992	62,179
Congestive cardiac failure	14,277	12,977	8,672	4,140	3,821	917	550	438	45,805
Diabetes complications	40,627	34,126	41,284	34,804	9,192	2,767	1,242	2,017	166,126
Hypertension	2,243	1,364	1,640	393	563	89	60	35	6,393
Iron deficiency anaemia	7,986	9,271	4,603	2,896	2,450	732	272	170	28,385
Nutritional deficiencies	69	50	64	9	19	1	4	18	236
Rheumatic heart disease ^(d)	644	567	649	270	209	31	20	206	2,607
Total chronic conditions ^(c)	105,537	88,275	83,388	51,765	27,228	7,095	3,218	4,433	371,126
Total chronic conditions, excluding diabetes(c)	68,522	57,413	45,305	18,550	18,982	4,537	2,118	2,685	218,240
Total selected potentially preventable hospitalisations ^(c)	204,930	171,872	152,025	84,015	53,290	12,982	6,689	9,305	695,560

Table S7.11: Separations, by age group and sex, public hospitals, states and territories, 2009–10

Sex	Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Males	Under 1	25,929	15,597	13,480	5,995	5,229	1,591	1,216	1,589	70,626
	1–4	26,987	19,554	17,712	8,493	7,178	1,384	1,136	1,712	84,156
	5–14	34,143	25,881	22,267	10,615	7,894	1,911	1,783	1,807	106,301
	15–24	40,841	37,883	28,925	15,468	10,389	2,787	2,620	2,394	141,307
	25–34	45,236	43,109	33,991	18,314	11,575	2,822	3,144	3,292	161,483
	35–44	61,798	62,528	41,957	24,232	17,143	4,385	4,300	7,837	224,180
	45–54	84,371	86,109	58,565	32,458	21,709	6,763	5,159	9,887	305,021
	55–64	115,438	118,173	77,599	42,135	28,650	8,465	8,431	9,234	408,125
	65–74	134,809	138,196	76,269	43,268	31,589	9,145	8,045	5,072	446,393
	75–84	136,272	125,335	63,639	37,706	34,945	7,766	7,177	1,304	414,144
	85 and over	45,969	33,687	16,702	10,885	11,761	2,311	2,430	198	123,943
	Total ^(a)	751,793	706,052	451,106	249,569	188,062	49,330	45,441	44,326	2,485,679
Females	Under 1	20,922	11,695	9,977	4,714	3,943	1,327	955	1,206	54,739
	1–4	19,989	13,501	12,873	6,123	4,998	955	771	1,208	60,418
	5–14	24,025	19,351	16,691	7,734	6,104	1,520	1,273	1,395	78,093
	15–24	64,156	57,626	51,667	23,630	19,113	4,758	3,554	5,152	229,656
	25–34	109,751	99,350	70,282	34,082	26,100	6,346	6,477	7,418	359,806
	35–44	84,414	84,467	55,916	30,126	22,180	5,948	5,179	9,553	297,783
	45–54	77,479	85,051	55,584	32,353	21,276	6,945	4,297	12,431	295,416
	55–64	88,667	93,741	58,245	33,655	21,206	6,978	5,558	11,674	319,724
	65–74	113,516	104,282	61,924	34,440	25,294	7,614	6,173	4,064	357,307
	75–84	124,515	102,004	53,153	33,595	29,252	6,844	5,673	942	355,978
	85 and over	67,874	47,539	25,552	15,887	15,523	3,104	3,005	325	178,809
	Total ^(a)	795,308	718,607	471,864	256,339	194,989	52,339	42,915	55,368	2,587,729
Total ^(a)		1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431

Table S7.12: Separations, by age group and sex, private hospitals, states and territories, 2009-10

Sex	Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Males	Under 1	5,637	3,785	3,151	2,669	1,121	n.p.	n.p.	n.p.	16,888
	1–4	6,451	4,125	5,179	2,677	1,966	n.p.	n.p.	n.p.	21,266
	5–14	9,072	6,527	7,400	3,679	2,331	n.p.	n.p.	n.p.	30,102
	15–24	20,027	18,617	15,398	9,070	5,720	n.p.	n.p.	n.p.	71,650
	25–34	22,363	20,279	17,118	10,954	5,822	n.p.	n.p.	n.p.	79,576
	35–44	35,993	34,349	29,146	17,779	8,944	n.p.	n.p.	n.p.	130,789
	45–54	56,495	52,425	49,171	25,663	15,163	n.p.	n.p.	n.p.	206,336
	55–64	88,653	79,014	85,464	37,591	25,850	n.p.	n.p.	n.p.	328,308
	65–74	90,193	77,222	83,198	36,497	27,386	n.p.	n.p.	n.p.	324,584
	75–84	70,395	63,659	63,060	26,867	23,048	n.p.	n.p.	n.p.	254,395
	85 and over	25,672	24,604	25,855	8,016	7,474	n.p.	n.p.	n.p.	94,395
	Total ^(a)	430,951	384,606	384,140	181,462	124,825	n.p.	n.p.	n.p.	1,558,289
Females	Under 1	3,977	2,556	2,095	1,756	427	n.p.	n.p.	n.p.	11,176
	1–4	4,430	2,602	3,473	1,764	1,317	n.p.	n.p.	n.p.	14,084
	5–14	7,556	5,816	6,282	3,094	1,966	n.p.	n.p.	n.p.	25,683
	15–24	29,789	34,015	27,836	13,373	6,528	n.p.	n.p.	n.p.	115,548
	25–34	59,070	59,485	51,976	25,121	13,097	n.p.	n.p.	n.p.	217,424
	35–44	73,508	77,485	59,910	29,615	16,273	n.p.	n.p.	n.p.	266,680
	45–54	70,844	72,898	64,528	30,675	20,144	n.p.	n.p.	n.p.	269,212
	55–64	92,698	84,847	82,595	36,304	27,811	n.p.	n.p.	n.p.	336,082
	65–74	85,318	71,834	72,152	28,587	25,066	n.p.	n.p.	n.p.	292,501
	75–84	74,024	62,190	62,278	21,495	23,022	n.p.	n.p.	n.p.	250,580
	85 and over	28,541	27,389	27,688	8,054	9,527	n.p.	n.p.	n.p.	104,371
	Total ^(a)	529,755	501,117	460,813	199,838	145,178	n.p.	n.p.	n.p.	1,903,341
Total ^(a)		960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715

Table S7.13: Separations, by Indigenous status^(a), public and private hospitals, states and territories, 2009–10

									Sub-total— selected states and	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	territories ^(b)	Total
Public hospitals										
Aboriginal but not Torres Strait Islander origin	57,408	12,421	59,792	44,216	19,357	2,780	1,729	67,949	261,143	265,652
Torres Strait Islander but not Aboriginal origin	985	369	9,614	117	281	125	22	334	11,700	11,847
Aboriginal and Torres Strait Islander origin	1,101	1,244	4,192	864	64	113	142	1,148	8,613	8,868
Indigenous people	59,494	14,034	73,598	45,197	19,702	3,018	1,893	69,431	281,456	286,367
Neither Aboriginal nor Torres Strait Islander origin	1,473,532	1,401,247	834,350	460,712	344,117	96,445	84,771	30,259	4,544,217	4,725,433
Not reported	14,085	9,382	15,022	0	19,236	2,210	1,692	4	57,729	61,631
Total	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	4,883,402	5,073,431
Private hospitals										
Aboriginal but not Torres Strait Islander origin	973	478	2,336	15,466	641	n.p.	n.p.	n.p.	19,894	20,265
Torres Strait Islander but not Aboriginal origin	59	76	1,197	557	44	n.p.	n.p.	n.p.	1,933	1,969
Aboriginal and Torres Strait Islander origin	503	588	166	382	86	n.p.	n.p.	n.p.	1,725	1,816
Indigenous people	1,535	1,142	3,699	16,405	771	n.p.	n.p.	n.p.	23,552	24,050
Neither Aboriginal nor Torres Strait Islander origin	936,936	871,026	764,773	364,895	239,686	n.p.	n.p.	n.p.	3,177,316	3,272,724
Not reported	22,235	13,608	76,481	0	29,558	n.p.	n.p.	n.p.	141,882	164,941
Total	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,342,750	3,461,715
All hospitals										
Indigenous people	61,029	15,176	77,297	61,602	20,473	n.p.	n.p.	n.p.	305,008	310,417
Other Australians ^(c)	2,446,788	2,295,263	1,690,626	825,607	632,597	n.p.	n.p.	n.p.	7,921,144	8,224,729
Total	2,507,817	2,310,439	1,767,923	887,209	653,070	n.p.	n.p.	n.p.	8,226,152	8,535,146
Separation rate for Indigenous people per 1,000	538.2	620.6	800.2	1,313.7	1,057.2	n.p.	n.p.	1663.8	897.5	n.p.
Separation rate for Other Australians per 1,000	331.9	405.8	386.2	375.1	361.2	n.p.	n.p.	210.8	368.9	n.p.
Separation rate for all people per 1,000	335.1	406.7	394.5	393.7	368.9	n.p.	n.p.	499.7	376.9	n.p.
Rate ratio ^(e)	1.6	1.5	2.1	3.5	2.9	n.p.	n.p.	7.9	2.4	n.p.

Table S7.14: Overnight separations, by Indigenous status(a), public and private hospitals, states and territories, 2009-10

									Sub-total— selected states and	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	territories ^(b)	Total
Public hospitals										
Aboriginal but not Torres Strait Islander origin	29,076	5,424	24,911	21,235	7,673	1,486	770	20,278	108,597	110,853
Torres Strait Islander but not Aboriginal origin	488	199	3,577	76	207	56	18	104	4,651	4,725
Aboriginal and Torres Strait Islander origin	753	576	1,860	214	44	74	71	291	3,738	3,883
Indigenous people	30,317	6,199	30,348	21,525	7,924	1,616	859	20,673	116,986	119,461
Neither Aboriginal nor Torres Strait Islander origin	818,156	604,171	415,515	214,706	191,803	47,400	38,818	16,063	2,260,414	2,346,632
Not reported	8,236	4,813	7,675	0	9,968	1,429	1,052	1	30,693	33,174
Total	856,709	615,183	453,538	236,231	209,695	50,445	40,729	36,737	2,408,093	2,499,267
Private hospitals										
Aboriginal but not Torres Strait Islander origin	342	200	783	123	177	n.p.	n.p.	n.p.	1,625	1,797
Torres Strait Islander but not Aboriginal origin	24	29	204	12	26	n.p.	n.p.	n.p.	295	314
Aboriginal and Torres Strait Islander origin	138	131	68	33	13	n.p.	n.p.	n.p.	383	428
Indigenous people	504	360	1,055	168	216	n.p.	n.p.	n.p.	2,303	2,539
Neither Aboriginal nor Torres Strait Islander origin	281,286	292,374	253,489	120,139	87,027	n.p.	n.p.	n.p.	1,034,315	1,072,625
Not reported	5,340	5,955	16,882	0	6,189	n.p.	n.p.	n.p.	34,366	42,986
Total	287,130	298,689	271,426	120,307	93,432	n.p.	n.p.	n.p.	1,070,984	1,118,150
All hospitals										
Indigenous people	30,821	6,559	31,403	21,693	8,140	n.p.	n.p.	n.p.	119,289	122,000
Other Australians ^(c)	1,113,018	907,313	693,561	334,845	294,987	n.p.	n.p.	n.p.	3,359,788	3,495,417
Total	1,143,839	913,872	724,964	356,538	303,127	n.p.	n.p.	n.p.	3,479,077	3,617,417
Separation rate for Indigenous people per 1,000	244.5	234.6	281.7	360.9	354.6	n.p.	n.p.	370.4	293.1	n.p.
Separation rate for Other Australians per 1,000	152.4	161.2	159.6	153.3	170.4	n.p.	n.p.	115.0	157.5	n.p.
Separation rate for all people per 1,000	154.2	161.7	162.7	159.1	173.2	n.p.	n.p.	178.6	160.3	n.p.
Rate ratio ^(e)	1.6	1.5	1.8	2.4	2.1	n.p.	n.p.	3.2	1.9	n.p.

Table S7.15: Separations, by mode of separation, public and private hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an(other) acute hospital	101,367	93,534	51,560	23,382	22,204	2,866	2,928	3,143	300,984
Discharge/transfer to residential aged care service ^(a)	17,051	20,207	4,684	5,130	7,607	1,161	1,075	337	57,252
Discharge/transfer to an(other) psychiatric hospital	3,024	1,253	157	1,078	1,082	490	21	10	7,115
Discharge/transfer to other health-care accommodation ^(b)	4,178	2,383	2,083	1,227	948	58	738	1,944	13,559
Statistical discharge: type change	23,782	11,161	19,279	7,116	5,019	2,559	5,117	1,232	75,265
Left against medical advice/discharge at own risk	15,375	6,275	8,019	4,054	2,806	403	275	3,055	40,262
Statistical discharge from leave	3,547	25	534	1,489	131	17	0	0	5,743
Died	22,644	15,389	9,760	4,066	4,936	1,570	893	425	59,683
Other ^(c)	1,356,125	1,274,436	826,894	458,367	338,318	92,549	77,309	89,548	4,513,546
Not reported	18	0	0	0	4	0	0	0	22
Total	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431
Private hospitals									
Discharge/transfer to an(other) acute hospital	19,344	17,122	9,058	3,531	6,063	n.p.	n.p.	n.p.	55,969
Discharge/transfer to residential aged care service ^(a)	1,314	2,810	1,106	818	1,059	n.p.	n.p.	n.p.	7,365
Discharge/transfer to an(other) psychiatric hospital	68	57	15	39	24	n.p.	n.p.	n.p.	203
Discharge/transfer to other health-care accommodation ^(b)	870	2	664	21	195	n.p.	n.p.	n.p.	2,229
Statistical discharge: type change	3,665	2,794	5,453	1,533	417	n.p.	n.p.	n.p.	15,015
Left against medical advice/discharge at own risk	1,012	754	358	225	52	n.p.	n.p.	n.p.	2,414
Statistical discharge from leave	7	0	42	15	0	n.p.	n.p.	n.p.	66
Died	2,114	3,193	4,566	1,909	1,143	n.p.	n.p.	n.p.	13,350
Other ^(c)	932,312	859,044	823,691	373,209	261,046	n.p.	n.p.	n.p.	3,365,088
Not reported	0	0	0	0	16	n.p.	n.p.	n.p.	16
Total	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715

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

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

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

Table S7.16: Separations by inter-hospital contracted patient status, public and private hospitals, states and territories, 2009-10

	NSW	Vic	$\mathbf{QId}^{(a)}$	WA	SA ^(a)	Tas	ACT	NT	Total
Public hospitals									
Inter-hospital contracted patient from public sector	1,670	233	0	6,482	1,916	0	0	5	10,306
Inter-hospital contracted patient from private sector	4,773	80	0	0	0	0	0	0	4,853
Not inter-hospital contracted patient	1,537,115	1,423,604	922,970	499,427	381,139	101,673	18,037	99,689	4,983,654
Not reported	3,553	746	0	0	0	0	70,319	0	74,618
Total	1,547,111	1,424,663	922,970	505,909	383,055	101,673	88,356	99,694	5,073,431
Private hospitals									
Inter-hospital contracted patient from public sector	4,152	1,577	8,333	37,572	3,446	n.p.	n.p.	n.p.	57,774
Inter-hospital contracted patient from private sector	0	5	1,740	0	0	n.p.	n.p.	n.p.	1,745
Not inter-hospital contracted patient	956,554	884,194	834,223	343,728	266,569	n.p.	n.p.	n.p.	3,361,930
Not reported	0	0	657	0	0	n.p.	n.p.	n.p.	40,266
Total	960,706	885,776	844,953	381,300	270,015	n.p.	n.p.	n.p.	3,461,715
All hospitals									
Inter-hospital contracted patient from public sector	5,822	1,810	8,333	44,054	5,362	n.p.	n.p.	n.p.	68,080
Inter-hospital contracted patient from private sector	4,773	85	1,740	0	0	n.p.	n.p.	n.p.	6,598
Not inter-hospital contracted patient	2,493,669	2,307,798	1,757,193	843,155	647,708	n.p.	n.p.	n.p.	8,345,584
Not reported	3,553	746	657	0	0	n.p.	n.p.	n.p.	114,884
Total separations	2,507,817	2,310,439	1,767,923	887,209	653,070	n.p.	n.p.	n.p.	8,535,146

⁽a) For private hospitals in Queensland and South Australia, separations with hospital-in-the-home care were reported with hospital-in-the-home days only.

Table S7.17: Separations^(a) with hospital-in-the-home care, public and private hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Same day separations	n.a.	6,139	960	207	154	n.a.	10	8	7,478
Overnight separations	n.a.	22,376	3,123	7,779	6,465	n.a.	1,117	693	41,553
Total patient days	n.a.	288,416	41,746	128,568	83,010	n.a.	14,834	12,031	568,605
Hospital in the home days	n.a.	179,299	28,017	89,575	58,700	n.a.	10,505	7,053	373,149
Average length of stay		12.9	13.4	16.5	12.8		13.3	17.4	13.7
Average number of hospital-in-the-home days		8.0	9.0	11.5	9.1		9.4	10.2	9.0
Private hospitals									
Same day separations	n.a.	5,836	2,836	0	4,486	n.a.	n.p.	n.p.	13,158
Overnight separations	n.a.	4,364	171	168	18	n.a.	n.p.	n.p.	4,721
Total patient days	n.a.	71,409	4,307	4,221	4,561	n.a.	n.p.	n.p.	84,498
Hospital in the home days		57,192	4,307	2,387	4,561	n.a.	n.p.	n.p.	68,447
Average length of stay		16.4	25.2	25.1	253.4		n.p.	n.p.	17.9
Average number of hospital-in-the-home days		13.1	25.2	14.2	253.4		n.p.	n.p.	n.a.
All hospitals									
Same day separations	n.a.	11,975	3,796	207	4,640	n.a.	n.p.	n.p.	20,636
Overnight separations	n.a.	26,740	3,294	7,947	6,483	n.a.	n.p.	n.p.	46,274
Total patient days	n.a.	359,825	46,053	132,789	87,571	n.a.	n.p.	n.p.	653,103
Hospital in the home days	n.a.	236,491	32,324	91,962	63,261	n.a.	n.p.	n.p.	441,596
Average length of stay		13.5	14.0	16.7	13.5		n.p.	n.p.	14.1
Average number of hospital-in-the-home days		8.8	9.8	11.6	9.8		n.p.	n.p.	n.a.

⁽a) Separations for Newborns (without qualified days) and records for Hospital boarders and Posthumous organ procurement are excluded.

Abbreviations: . .—not applicable; n.a.—not available; n.p.—not provided.