

4 Hospital performance indicators

Introduction

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

Previous *Australian Hospital Statistics* reports have included hospital performance indicator information reported using the framework developed by the National Health Ministers' Benchmarking Working Group (NHMBWG 1999). Over the last couple of years, the National Health Performance Committee has worked to develop a new framework to report performance of the Australian health system which has been adopted by Health Ministers (NHPC 2001). This edition of *Australian Hospital Statistics* therefore uses this National Health Performance Framework to present performance indicator information.

This chapter presents summary information on the National Health Performance Framework, and then describes the performance indicators presented in this chapter and elsewhere in this report, as they relate to the framework. A substantial proportion of the performance indicator information in this report is included in this chapter; however, some is included elsewhere, for example for elective surgery waiting times (Chapter 5).

The performance indicators presented in this chapter relate to costs per casemix-adjusted separation, average salary expenditure, hospital accreditation, separation rates for selected diagnoses and procedures, average lengths of stay for the top 10 overnight-stay AR-DRGs, relative stay indexes and emergency department waiting times.

The National Health Performance Framework

The National Health Performance Framework developed by the NHPC is presented in Table 4.A (NHPC 2001).

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

The first and second tiers of the framework relate only indirectly to the provision of hospital services, and hospital data will not often be used as indicators for them. However, the third tier is more directly relevant to assessment of the provision of hospital and other health care services. It has been grouped into nine dimensions: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable. The questions asked for

this tier are: ‘How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?’ The latter question underlines the focus throughout the framework on equity.

Unlike the NHMBWG framework for indicators, the National Health Performance Framework does not include a dimension identified as ‘quality’. Instead, quality has been considered by the NHPC as an integral and overarching part of the health system performance tier of the framework. It notes that the dimensions considered in determining the quality of the system are very similar to those measuring health system performance, and that the overall performance of the system cannot be assessed through a single

Table 4.A: The National Health Performance Framework

Health status and outcomes				
<i>How healthy are Australians? Is it the same for everyone? Where is the most opportunity for improvement?</i>				
<i>Health Conditions</i>	<i>Human Function</i>	<i>Life Expectancy and Wellbeing</i>		<i>Deaths</i>
Prevalence of disease, disorder, injury or trauma or other health-related states.	Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).	Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as Disability Adjusted Life Expectancy (DALE).		Age- and/or condition-specific mortality rates.
Determinants of health				
<i>Are the factors determining health changing for the better? Is it the same for everyone? Where and for whom are they changing?</i>				
<i>Environmental Factors</i>	<i>Socioeconomic Factors</i>	<i>Community Capacity</i>	<i>Health Behaviours</i>	<i>Person-related Factors</i>
Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.	Socioeconomic factors such as education, employment, per capita expenditure on health, and average weekly earnings.	Characteristics of communities and families such as population density, age distribution, health, literacy, housing, community support services and transport.	Attitudes, beliefs knowledge and behaviours e.g. patterns of eating, physical activity, excess alcohol consumption and smoking.	Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.
Health system performance				
<i>How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?</i>				
<i>Effective</i>		<i>Appropriate</i>		<i>Efficient</i>
Care, intervention or action achieves desired outcome.		Care/intervention/action provided is relevant to the client’s needs and based on established standards.		Achieving desired results with most cost-effective use of resources.
<i>Responsive</i>		<i>Accessible</i>		<i>Safe</i>
Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.		Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.		The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
<i>Continuous</i>		<i>Capable</i>		<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.		An individual’s or service’s capacity to provide a health service based on skills and knowledge.		System or organisation’s capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPC 2001.

dimension. Thus, a system that is performing well could be defined as delivering interventions of a high quality, assessed using indicators relating to each of the third tier dimensions.

The health system performance tier can be used for reporting not only on the performance of hospitals, but also for a range of service delivery types within the health care system, and at different organisational levels. The NHPC describes four major sectors that form a continuum within this range: population health, primary care, acute care (the major role of hospitals), and continuing care. While some indicators can measure the effects of interventions within one sector, some may measure the effect of interventions in more than one sector.

Performance indicators in this report

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

Effective

There are no indicators available for effectiveness of the acute care sector. However, Tables 4.6 and 4.7 present data on separation rates for asthma and type 2 diabetes, considered to be indicators of the performance of the primary care sector in managing these conditions.

Appropriate

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

The separation rates for selected procedures in Tables 4.6 and 4.7 are also indicators of appropriateness (as noted by the NHMBWG for most of them). However, separation rates for some of the procedures may also be indicators of accessibility or of one or more dimensions relating to primary care. For example, separation rates for lens insertion, angioplasty, coronary artery bypass graft, knee replacement and hip replacement may also be indicators of appropriateness, and the NHPC describes separation rates for myringotomy and tonsillectomy as indicators of the performance of the primary care sector. For all of these, statistics are presented by the State or Territory and the rural/remote/metropolitan (RRMA) status of the area of usual residence of the patient, for equity considerations.

Data presented in Tables 7.11 and 7.12 on the State or Territory and the RRMA status of the area of usual residence of the patient may also be indicators of accessibility of services, for example for the public and private sectors.

Efficient

The cost per casemix-adjusted separation statistics in Tables 4.1, 4.2 and 4.3 are indicators of efficiency, as are the statistics on average salaries (Table 4.4), average lengths of stay for the top 10 overnight-stay AR-DRGs and relative stay indexes. However, variation in length of stay, for example, may be a reflection of different types of service provision, such as between the public and private sectors, and thus not only an indicator of efficiency.

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

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Effective			
4.6, 4.7	Separation rates for asthma	Primary care	Presented by State/Territory of usual residence of the patient (Table 4.6) and by RRMA of usual residence (Table 4.7)
4.6, 4.7	Separation rates for type 2 diabetes	Primary care	Presented by State/Territory of usual residence of the patient (Table 4.6) and by RRMA of usual residence (Table 4.7)
No indicators available for acute care			
Appropriate			
2.4	Separation rates	Acute care	Presented by State and Territory of hospitalisation, and for the public and private sectors
6.2	Separation rates	Acute care	Presented by State and Territory of hospitalisation, by Medicare eligibility status and funding source and for the public and private sectors
7.7, 7.8	Separation rates	Acute care	Presented by State and Territory of hospital, hospital sector and Aboriginal and Torres Strait Islander status
7.11, 7.12	Separation rates	Acute care	Presented by State/Territory of usual residence of the patient (Table 7.11) and by RRMA of usual residence (Table 7.12) and for the public and private sectors
4.6, 4.7	Separation rates for: Myringotomy Tonsillectomy Caesarean section Angioplasty Coronary artery bypass graft Hip replacement Revision of hip replacement Knee replacement Lens insertion Hysterectomy Cholecystectomy Prostatectomy Appendectomy Arthroscopy Endoscopy	Acute care	Presented by State/Territory of usual residence of the patient (Table 4.6) and by RRMA of usual residence (Table 4.7)
Efficient			
4.1, 4.2, 4.3	Cost per casemix-adjusted separation	Acute care	Presented by State and Territory of hospital (Table 4.1), and by hospital peer group (Tables 4.2 and 4.3)
4.4	Average salary by staffing category	Acute care	Presented by State and Territory of hospital
4.8	Average length of stay for top 10 overnight DRGs	Acute care	Presented by State and Territory of hospital, and for the public and private sectors
4.1, 4.2, 4.3, 4.9, 4.10, 11.1, 11.2	Relative stay index	Acute care	Presented by State and Territory of hospital (Table 4.1), by public hospital peer group (Tables 4.2 and 4.3) and, for the public and private sectors, by Medicare eligibility status and funding source (Tables 4.9, 4.10), and by MDC (Tables 11.1, 11.2)

(continued)

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

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Responsive			
4.11	Emergency department waiting times (proportions waiting longer than clinically desirable)	Acute care	Presented by State and Territory of hospital
Accessible			
5.1, 5.3, 5.6	Waiting times for elective surgery (times waited at the 50th and 90th percentiles)	Acute care	Presented by State and Territory of hospital, and by hospital peer group (Table 5.1), by surgical speciality (Table 5.3), by indicator procedure (Table 5.6)
Safe			
10.1	Separations with adverse events	Acute care	Presented for the public and private sectors
Continuous			
6.14	Separation for patients aged over 70 years, by care type and mode of separation	Continuing care	Nil
No indicators available for acute care			
Capable			
4.5	Accreditation of hospitals and beds	Acute care	Presented by State and Territory of hospital, and for the public and private sectors
Sustainable			
No indicators available for acute care			

Responsive

Statistics on the proportions of patients waiting longer than is clinically desirable for emergency department waiting times (Table 4.11) are indicators of responsiveness, although they can also be regarded as indicators of accessibility. State and Territory data can be used to consider equity.

Accessible

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

Safe

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

Continuous

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

Capable

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

Sustainable

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

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. It has been published in *Australian Hospital Statistics* since the 1996–97 reference years, and included within frameworks of indicators by the NHMBWG (NHMBWG 1999), the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP 2002) and the NHPC (NHPC 2002). It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided. Details of the methods used in this analysis are presented in Appendix 4 of this report, and in *Australian Hospital Statistics 1999–00* (AIHW 2001a).

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

- the proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable;
- capital costs (including depreciation where available) are not included in numerators (see Table 3.5 for available data on depreciation, and Appendix 4 for SCRCSSP estimates of cost per casemix-adjusted separation including capital costs);
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3% that were not acute. (Appendix 4 includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for Victoria and Tasmania.);

- the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error; and
- the 2000–01 AR-DRG version 4.2 cost weights were not available for this report, so the 1999–00 AR-DRG version 4.1 cost weights were used (DHAC 2001).

The scope of the analysis is hospitals that mainly provide acute care. These are the hospitals in the public hospital peer groups of *Principal referral and specialist women's and children's*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals* (see Appendix 5). Excluded are small non-acute hospitals, multi-purpose services, hospices, rehabilitation hospitals, mothercraft hospitals, other non-acute hospitals, psychiatric hospitals, and hospitals in the *Unpeered and other* peer group. Also excluded are hospitals that cannot be classified due to atypical events such as being opened or closed mid-year. This scope restriction improves the comparability of data among the jurisdictions and increases the accuracy of the analysis. The included hospitals accounted for 95.5% of separations in public acute and psychiatric hospitals in 2000–01 (Table 4.2), and 91.9% of recurrent expenditure.

The scope for 2000–01 is the same (defined in terms of peer groups) as for 1999–00 and 1998–99 but different from the scopes used for 1996–97 and 1997–98 (AIHW 1998, 1999a, 2000a, 2001a). However, a small number of hospitals can be classified to peer groups included in the analysis in some years, but to other peer groups excluded from the analysis in other years; this mainly applies to the *Small hospitals* and non-acute peer groups.

Table 4.1 shows the cost per casemix-adjusted separation for the States and Territories for 2000–01. At the national level, the cost per casemix-adjusted separation was \$2,834, an increase of 4.9% over the estimated cost of \$2,701 for 1999–00. Large portions of the 2000–01 costs were attributed to non-medical salaries and medical labour costs; nationally these costs were \$1,522 and \$525, respectively, per casemix-adjusted separation. Compared with 1999–00, these represent increases of 5.8% (over \$1,438) for non-medical salaries and 5.4% (over \$498) for medical labour costs.

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

Public hospital peer groups

Public hospital peer groups have been developed for presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow. The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activities, and their geographical location. Further detail on the derivation of the groups is in Appendix 5.

For 2000–01, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's group*. They accounted for 67.2% of public acute and psychiatric hospital expenditure and 65.1% of separations (Table 4.2). The cost per casemix-adjusted separation for this group was \$2,867 which is 1.2% higher than the overall average

cost (\$2,834) for the hospitals in scope for this analysis. It was \$2,733 for medium hospitals, 3.6% less than the overall national average.

Table 4.2 also presents a range of other statistics about the peer groups, such as the number of hospitals in each, average length of stay, relative stay index (see below and in Appendix 4), and the cost per casemix-adjusted separation at the 25th and 75th percentile. The average number of AR-DRGs (with either any or 5 or more acute separations) reported for each hospital is also presented; it provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

Table 4.3 presents cost per casemix-separation data and other statistics by peer group for each State and Territory. The cost per casemix-adjusted separation varied among the jurisdictions, for example, from \$2,765 for *Principal referral* hospitals in Queensland, to \$2,945 in the New South Wales.

Average salary expenditure

Average salaries paid to public hospital full-time equivalent staff by States and Territories are presented in Table 4.4. They were originally identified as indicators of efficiency by the NHMBWG. A number of jurisdictions do not report staffing numbers and salaries separately for registered nurses and enrolled nurses, so average salaries are presented for nurses as a single group.

The average salary for full-time equivalent *Nurses* in 2000–01 was \$52,602 nationally, an increase of 3.6% on the average salary in 1999–00. The average salary for full-time equivalent *Salaried medical officers* was \$103,487, an increase of 6.4% over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for nurses ranged from \$47,652 in South Australia to \$58,589 in Victoria. For salaried medical officers, they ranged from \$81,656 in South Australia to \$125,505 in Victoria. However, the relatively high average salaries for Victoria may partly be the result of under-reporting of FTE staff (see Chapter 3).

Some States and Territories were not able to provide data separately for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. Thus, some of the variation in average salaries reported for these categories is likely to be a result of different reporting practices. The variations in the averages are also affected by different practices in 'outsourcing' services, for example for domestic and catering functions. The degree of outsourcing of higher-paid versus lower-paid staffing functions will be a factor that affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors would tend to result in higher average salaries for the domestic service staff.

Hospital accreditation

Hospital accreditation was included as a process indicator of quality within the NHMBWG framework, and has been identified as an indicator of capability within the National Health Performance Framework. The indicator originally related to accreditation under the Australian Council on Healthcare Standards (ACHS) Equip program, partly because data on ACHS accreditation were the only relevant data available nationally. However, other organisations also undertake hospital accreditation, including the Australian Quality Council (AQC) and the Quality Improvement Council (QIC), and hospitals can also be

certified as compliant with quality standards such as ISO 9000 quality family. The data presented in Table 4.5 therefore include accreditation through ACHS Equip and other types of accreditation for public hospitals. For private hospitals, the data have been sourced from the ABS's Private Health Establishments Collection for 1999–00 and relate only to ACHS Equip accreditation. Accreditation at any point in time does not assume a fixed or continuing status as accredited.

For Australia as a whole, 566 public hospitals and 47,976 public hospital beds (91% of the total) were known to be accredited in 2000–01. 368 private hospitals and 23,268 private hospital beds (92% of the total) were accredited in 1999–00. The proportion of accredited beds varied by jurisdiction, from 100% in the Australian Capital Territory to 53% in the Northern Territory for public hospitals, and from 89% in Western Australia to 98% in Tasmania for private hospitals.

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

Separation rates for selected procedures and diagnoses

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

Most of the procedures were originally selected as indicators of appropriateness by the NHMBWG because of the frequency with which they are undertaken, because they are often elective and discretionary, and there are sometimes treatment alternatives available (NHMBWG 1998). Revision of hip replacement has been included for the first time in *Australian Hospital Statistics* this year as rates for this procedure may provide information on the performance of the original hip replacements. Separation rates for asthma and type 2 diabetes (as principal diagnoses) have been included, as they have been identified by the NHPC as indicators of effectiveness of the primary care sector. Separation rates for type 2 diabetes as any diagnosis (principal or additional) have also been included, as 89.3% of separations with diagnoses of diabetes have the diagnosis recorded as an additional diagnosis (263,749), rather than as the principal diagnosis (31,452). ICD-10-AM codes used to define the diagnoses and procedures are listed in Appendix 3.

As for other separation rates, these data should be interpreted with caution, as they would reflect not only hospital system performance, but also variation in underlying needs for hospitalisation, variation in admission and data recording practices, and variation in the availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (in particular the private hospital in the Northern Territory and other hospitals as noted in Appendix 5). This may result in under estimation of separation rates for some of the diagnoses and procedures, particularly those more common for private hospitals. The separation rates are age-standardised, however, to take into account the different age structures of the populations of the States and Territories.

Table 4.6 presents age-standardised separation rates for each diagnosis and procedure for the State or Territory of usual residence of the patient, accompanied by the age-standardised rate for all other jurisdictions excluding the reference State or Territory. For example, the rate for *Hip replacement* for residents of Tasmania was 1.35 separations per 1,000 population.

The rate for the other States and Territories combined was 1.07 per 1,000 population. Thus, the rate for Tasmanian residents was 25.5% higher than the rate for all the other jurisdictions combined. This difference was statistically significant (that is, there is a less than 1% probability that the difference between Tasmania and the other jurisdictions occurred by chance).

Table 4.7 presents similar statistics by the rural/remote/metropolitan (RRMA) status of the area of usual residence of the patient. For example, the rate for *Angioplasty* for residents of capital cities was 1.12 separations per 1,000 population. The rate for the other areas combined was 0.94 per 1,000 population. Thus, the rate for metropolitan residents was 19% higher than the rate for all the other areas combined. This difference was statistically significant (that is, there is a less than 1% probability that the difference between metropolitan areas and the other RRMA areas occurred by chance).

Caesarean section rates were highest for residents of 'Small rural centres' and Queensland, and lowest for residents of other metropolitan centres and the Australian Capital Territory. The number of caesarean sections is dependent on the birth rate as well as the population. The number of in-hospital births has therefore been included in the tables, and the number of caesarean sections reported for separations for which in-hospital birth was reported. Comparability is, however, still complicated by potential under-identification of in-hospital births in this analysis, variation in numbers of non-hospital births, and in the age at which the mothers are giving birth. Residents of capital cities (25.2 caesarean sections per 100 births) and Western Australia (26.8 per 100 births) had the highest rate on this basis.

Separation rates for *Asthma* were highest for residents of 'Other remote areas' (4.18 per 1,000 population) and South Australia (3.98 per 1,000 population). For *Diabetes* as a principal diagnosis, the highest rates were reported for residents of the Northern Territory (5.14) and remote centres (3.36); the national rate was 1.48. For *Diabetes (any diagnosis)*, the highest rates were for residents of the Northern Territory (27.03) and remote centres (37.72), and the national rate was 13.7 per 1,000 population.

Average lengths of stay for the top 10 AR-DRGs

The average length of stay for the most commonly reported AR-DRGs for overnight separations has been identified as an indicator of efficiency. Table 4.8 presents data on the average length of stay for separations (excluding same day separations) for the 10 AR-DRGs for which the highest number of overnight separations were reported for 2000-01. These data are not equivalent to the data presented in the tables in Chapter 11 as same day separations and separations with lengths of stay over 365 days are excluded.

The top volume AR-DRG was O60D *Vaginal delivery without complicating diagnosis*, with 134,388 separations. There were between 28,154 and 39,457 separations each for the other top 10 AR-DRGs.

The table illustrates variation in the average length of stay for some AR-DRGs across the States and Territories and between the sectors. Of the top 10, AR-DRG F62B *Heart failure and shock without catastrophic complications and comorbidities* had the longest average length of stay of 6.7 days nationally, with considerable variation between sectors and across jurisdictions, ranging from 5.2 days in the public sector in the Northern Territory, to 10.1 days in the private sector in Australian Capital Territory. Compared with 1999-00, national average lengths of stay were shorter for AR-DRGs such as O01D *Caesarean delivery without complicating diagnosis* (5.5 days in 1999-00 and 5.3 days in 2000-01) and AR-DRG F62B *Heart*

failure and shock without catastrophic complications and comorbidities (6.9 days in 1999–00 and 6.7 days in 2000–01).

For all of these top 10 DRGs, the average length of stay was longer in the private hospitals than the public hospitals. For example, the average length of stay for AR-DRG F74Z *Chest pain* was 2.2 days: 2.1 days in the public sector and 2.6 days in the private sector.

Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures) adjusted for casemix. The adjustment for casemix (based on the AR-DRG and age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status (AIHW 2001d).

An RSI index greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected. Further detail on the method used to calculate the RSIs is in Appendix 4.

Tables 4.9 and 4.10 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals (1.04) was higher than for public hospitals (0.98), and RSI for all hospitals varied from 0.98 for hospitals in Victoria, Queensland and South Australia, to 1.21 for hospitals in the Northern Territory. RSI also varied by Medicare eligibility and funding source, with national figures ranging from 0.98 for public patients to 1.09 for not Medicare eligible patients and 1.15 for patients whose funding source was not reported.

Table 4.10 presents RSI information for the medical, surgical and other categories of AR-DRGs (DHAC 1998, 2000a, 2000b). In the public sector, RSI for medical AR-DRGs (0.96) was lower than for surgical AR-DRGs (1.02). In the private sector, the opposite was the case, with an RSI of 1.13 for medical AR-DRGs and an RSI of 0.98 for surgical AR-DRGs. There were similar patterns for most States and Territories.

Tables 4.1, 4.2 and 4.3 present RSI information for public hospitals, using public hospital data to calculate expected lengths of stay. For the hospitals included in the cost per casemix-adjusted separation analysis, the RSI was 0.99 overall, and ranged from 1.22 in the Northern Territory to 0.95 in Queensland (Table 4.1). These jurisdictions also reported the highest and lowest cost per casemix-adjusted separation, respectively. Table 4.2 presents RSIs for each of the public hospital peer groups. Large hospitals (0.96) and medium hospitals (0.98) had RSIs lower than expected, and a number of non-acute hospitals had RSIs higher than expected (for example, 1.14 for small non-acute hospitals). RSIs for the major peer group for each State and Territory are presented in Table 4.3. For example, the RSI for large hospitals ranged from 0.91 in Queensland to 0.97 in New South Wales. The States with the lowest RSIs for these hospitals (Queensland and Victoria) also had the lowest cost per casemix-adjusted separation (\$2,359 and \$2,762, respectively).

Emergency department waiting times

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

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2000). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- Resuscitation: immediate (within seconds)
- Emergency: within 10 minutes
- Urgent: within 30 minutes
- Semi-urgent: within 60 minutes
- Non-urgent: within 120 minutes.

The *National Health Data Dictionary* standard for measuring the waiting time is to subtract the time at which the patient presents at the emergency department from the time of commencement of service by a treating medical officer or nurse. The time at which the patient presents is the time at which they are registered clerically, or the time at which they are triaged, whichever occurs earlier. Patients who do not wait for care after having been registered and/or triaged are excluded from the data.

Overall, the proportion of patients receiving emergency department care within the required time was 65%, varying from 49% in South Australia to 78% in the Australian Capital Territory (Table 4.11). The proportion receiving care on time varied by triage category, from 98% for resuscitation patients to 60% for semi-urgent patients.

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

The comparability of the data may also be influenced by variation in the coverage of the emergency department waiting times data. Information provided by the States and Territories indicates that coverage ranged from 100% in Tasmania, the Australian Capital Territory and Northern Territory to 54% in Victoria (Table 4.11).

The comparability of the data may also be influenced by the comparability of the triage categories among the States and Territories. Although the triage category is not a measure of the need for admission to hospital, the proportions of patients in each category that were admitted can be used as an indication of the comparability of the triage categorisation. The proportion of patients admitted varied from State to State, particularly for the resuscitation and emergency triage categories, but less for the semi-urgent and non-urgent categories (Table 4.11). This may indicate that the data for the former two categories are less comparable than data for the latter two categories.

Table 4.1: Cost^(a) per casemix-adjusted separation and selected other statistics, selected public acute hospitals, ^(b) States and Territories, 2000-01

Variable	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(c)	Total
Total separations ('000) ^(d)	1,169	1,003	661	340	333	68	61	59	3,693
Acute separations ('000) ^(d)	1,144	973	634	334	325	67	60	58	3,595
Proportion of separations not acute (%)	2.1	3.0	4.1	1.8	2.2	1.9	1.1	1.5	2.7
Average cost weight ^(e)	1.06	0.96	0.98	0.93	1.00	1.11	0.96	0.78	1.00
Casemix-adjusted separations ('000) ^(d)	1,239	961	646	317	332	76	59	46	3,677
Total admitted patient days ('000) ^(a)	4,455	3,690	2,216	1,216	1,188	290	211	194	13,434
Admitted patient days for acute patients ('000) ^(d)	4,099	3,054	1,967	1,057	1,055	258	199	184	11,872
Proportion of bed days not acute (%)	8.0	17.2	11.0	13.1	9.7	11.1	5.8	5.3	11.6
Total recurrent expenditure (\$m)	4,972	3,863	2,258	1,326	1,095	303	262	199	14,277
Inpatient fraction ^(b)	0.69	0.68	0.75	0.69	0.81	0.71	0.74	0.76	0.71
Total admitted patient recurrent expenditure (\$m)	3,419	2,633	1,701	921	888	216	193	152	10,123
Public patient day proportion ^(b)	0.79	0.87	0.91	0.88	0.84	0.79	0.84	0.94	0.84
Newborn episodes with no qualified days ('000)	54.0	37.0	29.4	13.0	10.1	2.3	3.1	2.2	151.0
Relative stay index	1.02	0.97	0.95	1.02	0.96	0.99	1.08	1.22	0.99
Data for excluded hospitals									
Separations for excluded hospitals ('000) ^{(b)(e)}	63	26	28	23	24	3	2	0	169
Per cent of all separations (%)	5.1	2.5	4.1	6.4	6.8	3.9	2.5	..	4.4
Expenditure for excluded hospitals (\$m)	547	178	203	156	144	30	1	..	1,258
Inpatient fraction for excluded hospitals	0.77	0.54	0.72	0.80	0.91	0.81	1.00	..	0.75
Unadjusted cost per separation	6,670	3,695	5,246	5,429	5,400	8,634	878	..	5,595
Average cost data for selected hospitals									
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	735	776	765	728	711	749	815	924	752
Diagnostic/ allied health ^(j)	223	313	167	217	192	178	187	170	233
Administrative	211	213	187	226	213	182	254	227	209
Other staff	193	134	238	208	117	353	121	426	184
Superannuation ^(j)	147	133	153	161	142	102	198	56	143
Total non-medical labour costs	1,509	1,568	1,510	1,540	1,374	1,563	1,575	1,803	1,522

(continued)

Table 4.1 (continued): Cost^(a) per casemix-adjusted separation and selected other statistics, selected public acute hospitals, ^(b) States and Territories, 2000-01

Variable	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT ^(e)	Total
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	65	64	81	173	75	131	140	164	81
Repairs/maintenance	67	59	53	91	87	92	66	89	67
Medical supplies ^(f)	232	211	251	199	174	297	304	199	224
Drug supplies	145	130	161	170	145	166	110	171	146
Food supplies	33	35	23	20	17	29	41	33	29
Administration	166	172	124	165	193	80	189	159	161
Other	75	85	25	73	144	114	242	166	79
<i>Total other recurrent costs</i>	<i>781</i>	<i>755</i>	<i>719</i>	<i>690</i>	<i>835</i>	<i>909</i>	<i>1,092</i>	<i>981</i>	<i>787</i>
Total excluding medical labour costs	2,290	2,324	2,229	2,430	2,209	2,472	2,667	2,784	2,309
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	317	346	337	352	322	334	381	492	335
VMO payments	152	69	67	120	143	33	233	32	109
Private patients (estimated) ^(h)	128	62	42	67	90	96	116	32	82
<i>Total medical labour costs</i>	<i>596</i>	<i>477</i>	<i>446</i>	<i>539</i>	<i>555</i>	<i>463</i>	<i>731</i>	<i>556</i>	<i>525</i>
Total cost per casemix-adjusted separation^(a)	2,886	2,801	2,675	2,969	2,763	2,935	3,397	3,339	2,834

(a) Excludes depreciation.

(b) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 5 for further information.

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

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

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 1998-00 AR-DRG v 4.1 cost weights (DHAC 2001). Updated versions of this table based on 2000-01 AR-DRG v 4.2 cost weights will be posted on www.aihw.gov.au when available.

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

(g) Of the selected hospitals, one small remote hospital in South Australia and one Small rural acute and one Medium group 2 hospitals in Western Australia have had their IFRAC estimated by the HASAC ratio.

(h) Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days.

(i) Superannuation payments for 4 of the 5 Northern Territory hospitals are included under Superannuation payments. For the other hospital, they are included with the salary and wages expenditure categories.

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

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

... net applicable.

Table 4.2: Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, Australia, ^{(a)(b)} 2000-01

	Number of hospitals	Separations		Average length of stay	Average cost weight	Recurrent expenditure		Relative Stay Index (public based)	Number of AR-DRGs		Cost per casemix-adjusted separation (\$)		
		(^{'000})	Percent of total			(\$ ^{'000,000})	Percent of total		Any acute separations	5 or more acute seps.	Average	Q3	Q1
Principal referral	56	2,301.9	59.5	1.04	3.8	9,431.0	60.7	1.00	576.3	469.2	2,948	2,968	2,652
Specialist women's & children's	10	214.2	5.5	1.09	3.1	1,012.5	6.5	1.00	360.0	238.9	3,068	3,256	2,965
Total Principal referral and Women's & children's	66	2,516.0	65.1	1.04	3.7	10,443.5	67.2	1.00	543.5	434.3	2,867	3,056	2,709
Large metropolitan	20	270.8	7.0	1.01	3.6	988.8	6.4	0.94	442.3	280.9	2,667	3,169	2,243
Large rural & remote	21	263.4	6.8	0.89	3.3	867.5	5.6	0.98	486.8	297.3	2,798	3,036	2,576
Total Large hospitals	41	534.3	13.8	0.95	3.5	1,856.3	11.9	0.96	465.1	289.3	2,727	3,103	2,430
Medium metro & rural group 1	32	248.9	6.4	0.88	3.5	821.8	5.3	0.98	402.5	212.9	2,840	3,145	2,480
Medium metro & rural group 2	70	237.8	6.1	0.84	3.4	668.4	4.3	0.99	313.7	137.9	2,608	2,882	2,297
Total Medium hospitals	102	486.6	12.6	0.86	3.4	1,490.1	9.6	0.98	341.6	161.4	2,733	2,998	2,368
Small rural acute	90	93.0	2.4	0.83	3.9	262.1	1.7	1.03	187.8	56.3	2,723	3,290	2,385
Remote acute	54	62.9	1.6	0.76	3.0	225.2	1.4	1.03	171.4	53.9	3,168	4,419	2,192
Total Small acute hospitals	144	155.9	4.0	0.80	3.5	487.3	3.1	1.03	181.7	55.4	2,897	3,552	2,357
Total hospitals in cost per casemix-adjusted separation analysis (see Table 4.1)	353	3,692.8	95.5	1.00	3.6	14,277.3	91.8	0.99	328.4	184.0	2,834	3,147	2,430
Small non-acute	99	63.0	1.8	0.86	9.8	281.0	1.6	1.13	145.9	35.3	n.a.	n.a.	n.a.
Multi-purpose service	66	30.4	0.8	0.78	8.1	146.1	0.9	1.07	114.2	22.8	n.a.	n.a.	n.a.
Hospice	3	2.9	0.1	2.31	15.2	36.1	0.2	1.57	0.3	0.0	n.a.	n.a.	n.a.
Rehabilitation	6	3.1	0.1	1.54	29.9	83.7	0.5	2.30	0.3	0.0	n.a.	n.a.	n.a.
Mothercraft	8	15.4	0.4	0.73	3.3	19.5	0.1	1.07	19.0	10.4	n.a.	n.a.	n.a.
Other non-acute	15	11.6	0.3	1.50	19.5	114.5	0.7	1.31	39.8	9.5	n.a.	n.a.	n.a.
Total Non-acute Psychiatric^(c)	197	132.4	3.4	0.84	10.1	680.9	4.4	1.12	115.9	26.6	n.a.	n.a.	n.a.
Unpeered and other acute	108	16.6	0.4	0.76	7.8	180.9	1.2	1.32	17.3	8.8	n.a.	n.a.	n.a.
Total peer grouped hospitals (excluding psychiatric)	676	3,859.8	99.8	0.99	4.0	15,535.3	99.94	1.00	220.8	109.4	n.a.	n.a.	n.a.
Teaching hospitals	56	2,182.8	56.4	1.05	3.8	9,379.2	60.34	1.00	514.0	413.5	2,922	3,237	2,725

(a) Expenditure data exclude depreciation.

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

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

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

n.a. Not applicable.

Table 4.3: Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group^(a), States and Territories, 2000-01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Principal referral: metropolitan (>20,000 acute weighted separations) & rural (>16,000 acute weighted separations)									
Number of hospitals	20	14	12	3	3	2	1	1	56
Average beds per hospital	392	585	402	598	474	382	504	297	458
Separations per hospital	34,261	51,680	34,488	58,221	55,117	29,175	49,712	31,187	41,105
AR-DRGs (5+) per hospital ^(b)	466	478	428	522	532	484	553	430	469
Total expenditure (\$'000) ^(c)	3,168,686	2,908,156	1,487,301	n.p.	n.p.	248,700	n.p.	n.p.	9,431,030
Average cost weight ^(d)	1.12	0.99	1.03	1.00	1.06	1.11	0.93	0.83	1.04
Relative stay index ^(e)	1.03	0.97	0.96	n.p.	n.p.	0.99	n.p.	n.p.	1.00
Cost per separation	3,134	2,708	2,806	n.p.	n.p.	2,994	n.p.	n.p.	2,878
Cost per patient day	803	694	798	n.p.	n.p.	703	n.p.	n.p.	761
Cost per casemix-adjusted sep.	2,945	2,802	2,765	n.p.	n.p.	2,794	n.p.	n.p.	2,848
Specialist women's & children's >10,000 acute weighted separations									
Number of hospitals	3	1	4	1	1	0	0	0	10
Average beds per hospital	166	536	155	493	300	..	..	..	245
Separations per hospital	16,448	52,105	11,639	35,965	30,191	..	..	..	21,416
AR-DRGs (5+) per hospital ^(b)	223	417	153	368	322	..	..	..	239
Total expenditure (\$'000) ^(c)	259,370	n.p.	209,995	n.p.	n.p.	..	..	..	1,012,489
Average cost weight ^(d)	1.15	1.09	1.11	1.06	1.01	..	..	..	1.09
Relative stay index ^(e)	1.08	n.p.	0.92	n.p.	n.p.	..	..	..	1.00
Cost per separation	3,296	n.p.	3,490	n.p.	n.p.	..	..	..	3,223
Cost per patient day	1,010	n.p.	1,177	n.p.	n.p.	..	..	..	1,034
Cost per casemix-adjusted sep.	3,083	n.p.	3,196	n.p.	n.p.	..	..	..	3,068
Total Principal referral and specialist women's & children's									
Number of hospitals	23	15	16	4	4	2	1	1	66
Average beds per hospital	362	582	340	572	430	382	504	297	425
Separations per hospital	31,938	51,709	28,775	52,657	48,886	29,175	49,712	31,187	38,122
AR-DRGs (5+) per hospital ^(b)	435	474	359	484	480	484	553	430	434
Total expenditure (\$'000) ^(c)	3,428,056	3,153,668	1,697,296	900,104	696,911	248,700	n.p.	n.p.	10,443,519
Average cost weight ^(d)	1.12	0.99	1.04	1.01	1.05	1.11	0.93	0.83	1.04
Relative stay index ^(e)	1.03	0.97	0.96	1.03	0.98	0.99	n.p.	n.p.	1.00
Cost per separation	3,145	2,733	2,875	2,778	2,870	2,994	n.p.	n.p.	2,907
Cost per patient day	814	713	831	763	830	703	n.p.	n.p.	780
Cost per casemix-adjusted sep.	2,953	2,812	2,811	2,828	2,793	2,794	n.p.	n.p.	2,867
Large metropolitan (>10,000 acute weighted separations)									
Number of hospitals	12	2	2	0	3	0	1	0	20
Average beds per hospital	143	81	151	..	203	..	162	..	148
Separations per hospital	12,852	12,626	13,363	..	17,795	..	11,255	..	13,542
AR-DRGs (5+) per hospital ^(b)	297	104	269	..	342	..	281	..	281
Total expenditure (\$'000) ^(c)	550,715	115,681	77,738	..	190,636	..	n.p.	..	988,775
Average cost weight ^(d)	1.02	0.93	1.02	..	1.03	..	1.11	..	1.01
Relative stay index ^(e)	0.96	0.84	0.83	..	0.93	..	n.p.	..	0.94
Cost per separation	2,519	2,508	2,169	..	2,853	..	n.p.	..	2,590
Cost per patient day	659	1,117	711	..	704	..	n.p.	..	711
Cost per casemix-adjusted sep.	2,573	2,893	2,147	..	2,964	..	n.p.	..	2,667
Large rural (>8,000 acute weighted separations) & remote (>5,000 acute weighted separations)									
Number of hospitals	6	7	4	2	0	1	0	1	21
Average beds per hospital	140	141	156	111	..	131	..	153	141
Separations per hospital	12,347	11,753	14,508	10,681	..	8,202	..	19,498	12,545
AR-DRGs (5+) per hospital ^(b)	328	273	300	281	..	282	..	323	297
Total expenditure (\$'000) ^(c)	269,844	262,258	160,645	72,776	..	n.p.	..	n.p.	867,538
Average cost weight ^(d)	1.01	0.89	0.78	0.87	..	1.18	..	0.71	0.89
Relative stay index ^(e)	1.00	0.95	0.96	0.96	..	n.p.	..	n.p.	0.98
Cost per separation	2,755	2,375	1,907	2,572	..	n.p.	..	n.p.	2,444
Cost per patient day	760	715	668	904	..	n.p.	..	n.p.	749
Cost per casemix-adjusted sep.	2,833	2,738	2,465	3,021	..	n.p.	..	n.p.	2,798
Total Large hospitals									
Number of hospitals	18	9	6	2	3	1	1	1	41
Average beds per hospital	142	128	154	111	203	131	162	153	144
Separations per hospital	12,684	11,947	14,126	10,681	17,795	8,202	11,255	19,498	13,031
AR-DRGs (5+) per hospital ^(b)	307	235	290	281	342	282	281	323	289
Total expenditure (\$'000) ^(c)	820,559	377,939	238,383	72,776	190,636	n.p.	n.p.	n.p.	1,856,313
Average cost weight ^(d)	1.02	0.90	0.85	0.87	1.03	1.18	1.11	0.71	0.95
Relative stay index ^(e)	0.97	0.92	0.91	0.96	0.93	n.p.	n.p.	n.p.	0.96
Cost per separation	2,596	2,406	1,989	2,572	2,853	n.p.	n.p.	n.p.	2,518
Cost per patient day	691	784	682	904	704	n.p.	n.p.	n.p.	729
Cost per casemix-adjusted sep.	2,657	2,762	2,359	3,021	2,964	n.p.	n.p.	n.p.	2,727

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, States and Territories, 2000-01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Medium (metropolitan 5,000 to 10,000 and rural 5,000 to 8,000 acute weighted separations)									
Number of hospitals	11	5	5	7	4	0	0	0	32
Average beds per hospital	84	79	95	145	77	..	..	..	97
Separations per hospital	6,909	7,701	7,373	9,398	7,929	..	..	..	7,777
AR-DRGs (5+) per hospital ^(b)	216	223	200	206	219	..	..	..	213
Total expenditure (\$'000) ^(c)	307,981	110,449	107,327	204,858	91,102	..	..	..	821,758
Average cost weight ^(d)	0.98	0.82	0.94	0.80	0.82	..	..	..	0.88
Relative stay index ^(e)	1.00	0.93	0.88	1.05	0.97	..	..	..	0.98
Cost per separation	2,860	2,105	1,948	2,508	2,311	..	..	..	2,445
Cost per patient day	775	725	629	629	806	..	..	..	708
Cost per casemix-adjusted sep.	3,034	2,633	2,109	3,172	2,861	..	..	..	2,840
Medium (metropolitan and rural 2,000 acute or acute weighted to 5,000 acute weighted separations)									
Number of hospitals	29	17	10	4	10	0	0	0	70
Average beds per hospital	43	48	55	52	50	..	..	..	48
Separations per hospital	3,242	3,555	3,466	3,355	3,522	..	..	..	3,397
AR-DRGs (5+) per hospital ^(b)	138	133	136	124	153	..	..	..	138
Total expenditure (\$'000) ^(c)	306,802	162,857	79,896	39,632	79,186	..	..	..	668,374
Average cost weight ^(d)	0.88	0.78	0.80	0.81	0.88	..	..	..	0.84
Relative stay index ^(e)	1.03	1.00	0.92	0.98	0.93	..	..	..	0.99
Cost per separation	2,337	2,050	1,544	2,551	1,954	..	..	..	2,104
Cost per patient day	652	652	488	821	551	..	..	..	623
Cost per casemix-adjusted sep.	2,781	2,704	1,995	3,253	2,310	..	..	..	2,608
Total Medium hospitals									
Number of hospitals	40	22	15	11	14	0	0	0	102
Average beds per hospital	55	55	68	111	58	..	..	..	63
Separations per hospital	4,251	4,497	4,769	7,200	4,781	..	..	..	4,771
AR-DRGs (5+) per hospital ^(b)	160	154	157	176	171	..	..	..	161
Total expenditure (\$'000) ^(c)	614,784	273,308	187,223	244,530	170,288	..	..	..	1,490,132
Average cost weight ^(d)	0.92	0.80	0.87	0.80	0.85	..	..	..	0.86
Relative stay index ^(e)	1.02	0.97	0.90	1.04	0.95	..	..	..	0.98
Cost per separation	2,570	2,072	1,752	2,515	2,123	..	..	..	2,278
Cost per patient day	708	679	559	656	658	..	..	..	667
Cost per casemix-adjusted sep.	2,903	2,677	2,069	3,183	2,565	..	..	..	2,733
Small rural acute (<2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)									
Number of hospitals	26	19	21	7	14	3	0	0	90
Average beds per hospital	22	21	22	25	28	16	..	..	23
Separations per hospital	1,145	1,088	941	731	1,134	594	..	..	1,033
AR-DRGs (5+) per hospital ^(b)	62	57	52	40	66	32	..	..	56
Total expenditure (\$'000) ^(c)	91,002	57,755	54,098	17,742	33,208	8,296	..	..	262,102
Average cost weight ^(d)	0.85	0.82	0.81	0.78	0.85	0.83	..	..	0.83
Relative stay index ^(e)	1.04	1.10	0.95	1.11	0.96	1.11	..	..	1.03
Cost per separation	2,225	2,370	1,952	2,839	1,855	2,909	..	..	2,183
Cost per patient day	543	574	545	723	518	690	..	..	560
Cost per casemix-adjusted sep.	2,722	2,991	2,466	3,730	2,307	3,588	..	..	2,723
Remote acute (<5,000 acute weighted separations)									
Number of hospitals	4	0	30	15	2	0	0	3	54
Average beds per hospital	26	..	20	25	14	..	..	37	23
Separations per hospital	1,500	..	810	1,554	520	..	..	2,763	1,165
AR-DRGs (5+) per hospital ^(b)	68	..	41	70	32	..	..	104	54
Total expenditure (\$'000) ^(c)	18,067	..	80,755	90,741	3,686	..	..	31,938	225,187
Average cost weight ^(d)	0.7	..	0.8	0.8	0.8	..	..	0.7	0.8
Relative stay index ^(e)	1.2	..	1.0	1.0	0.8	..	..	1.2	1.0
Cost per separation	2,031	..	1,857	2,876	2,588	..	..	2,780	2,385
Cost per patient day	608	..	606	1,037	965	..	..	889	799
Cost per casemix-adjusted sep.	3,027	..	2,484	3,678	3,118	..	..	3,758	3,168
Total Small acute hospitals									
Number of hospitals	30	19	51	22	16	3	0	3	144
Average beds per hospital	23	21	21	25	27	16	..	37	23
Separations per hospital	1,192	1,088	864	1,292	1,058	594	..	2,763	1,083
AR-DRGs (5+) per hospital ^(b)	62	57	45	60	32	32	..	104	55
Total expenditure (\$'000) ^(c)	109,069	57,755	134,853	108,484	36,895	8,296	..	31,938	487,289
Average cost weight ^(d)	0.82	0.82	0.79	0.79	0.85	0.83	..	0.74	0.80
Relative stay index ^(e)	1.07	1.10	0.97	1.00	0.96	1.11	..	1.23	1.03
Cost per separation	2,193	2,370	1,900	2,869	1,900	2,909	..	2,780	2,265
Cost per patient day	553	574	577	962	539	690	..	889	641
Cost per casemix-adjusted sep.	2,763	2,991	2,477	3,692	2,354	3,588	..	3,758	2,897

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, States and Territories, 2000-01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Total hospitals in cost per casemix-adjusted separation analysis (Table 4.1)									
Number of hospitals	111	65	88	39	37	6	2	5	363
Average beds per hospital	124	177	96	110	96	157	333	112	124
Separations per hospital	10,529	15,427	7,508	8,706	8,994	11,369	30,484	11,795	10,461
AR-DRGs (5+) per hospital ^(b)	214	211	138	148	171	224	417	213	184
Total expenditure (\$'000) ^(a)	4,972,469	3,862,668	2,257,755	1,325,894	1,094,730	303,253	261,648	198,837	14,277,253
Average cost weight ^(c)	1.06	0.96	0.98	0.93	1.00	1.11	0.96	0.78	1.00
Relative stay index ^(c)	1.02	0.97	0.95	1.02	0.96	0.99	1.08	1.22	0.99
Cost per separation	2,925	2,625	2,575	2,711	2,668	3,161	3,164	2,577	2,741
Cost per patient day	767	714	770	757	760	744	914	782	753
Cost per casemix-adjusted sep.	2,886	2,801	2,675	2,969	2,763	2,935	3,397	3,339	2,834
Small non-acute (<2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)									
Number of hospitals	40	9	20	7	20	3	0	0	99
Average beds per hospital	27	32	26	38	32	21	..	..	29
Separations per hospital	666	846	750	990	559	558	..	..	687
Total expenditure (\$'000)	116,818	32,715	49,168	33,352	41,568	7,364	..	..	280,985
Average length of stay	11.5	10.4	4.9	5.9	12.2	22.7	..	..	9.8
Multi-purpose service									
Number of hospitals	15	7	9	29	4	2	0	0	66
Average beds per hospital	20	13	22	17	35	5	..	..	19
Separations per hospital	314	856	683	349	776	141	..	..	460
Total expenditure (\$'000)	32,229	24,822	19,433	53,620	12,302	3,728	..	..	146,134
Average length of stay	24.2	3.3	3.7	3.8	9.2	79.1	..	..	8.1
Hospice									
Number of hospitals	3	0	0	0	0	0	0	0	4,563
Average beds per hospital	55	..	..	..	..	..	..	..	3
Separations per hospital	965	..	..	..	..	..	..	..	55
Total expenditure (\$'000)	36,056	..	..	..	..	..	..	..	0
Average length of stay	15.2	..	..	..	..	..	..	..	15.2
Rehabilitation									
Number of hospitals	5	0	0	0	1	0	0	0	6
Average beds per hospital	39	..	..	..	123	..	..	..	53
Separations per hospital	441	..	..	..	850	..	..	..	509
Total expenditure (\$'000)	67,544	..	..	..	n.p.	..	..	..	83,667
Average length of stay	27.1	..	..	..	n.p.	..	..	..	29.9
Mothercraft									
Number of hospitals	2	3	1	0	1	0	1	0	8
Average beds per hospital	34	28	40	..	12	..	18	..	28
Separations per hospital	1,849	2,945	2,030	..	882	..	..	..	1,930
Total expenditure (\$'000)	6,647	7,972	n.p.	..	n.p.	..	n.p.	..	19,487
Average length of stay	4.9	2.6	n.p.	..	n.p.	..	n.p.	..	3.3
Other non-acute									
Number of hospitals	13	2	0	0	0	0	0	0	15
Average beds per hospital	40	71	..	..	..	..	..	..	44
Separations per hospital	738	991	..	..	..	..	..	..	772
Total expenditure (\$'000)	90,199	24,344	..	..	..	..	..	..	114,543
Average length of stay	18.3	25.2	..	..	..	..	..	..	19.4
Total Non-acute									
Number of hospitals	78	21	30	36	26	5	1	0	197
Average beds per hospital	30	29	25	21	35	14	18	..	28
Separations per hospital	638	1,163	772	474	616	391	n.a.	..	672
Total expenditure (\$'000)	349,493	89,853	71,482	86,973	70,610	11,092	n.p.	..	680,872
Average length of stay	14.5	7.0	4.5	4.6	12.5	30.8	n.p.	..	10.1

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, States and Territories, 2000–01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Psychiatric^(f)									
Number of hospitals	9	1	4	1	1	2	0	0	18
Average beds per hospital	116	95	137	273	488	0	..	..	136
Separations per hospital	1,206	341	174	2,683	3,191	125	..	..	1,001
Total expenditure (\$'000)	173,087	n.p.	86,636	n.p.	n.p.	10,010	..	..	396,249
Average length of stay	37.4	n.p.	157.8	n.p.	n.p.	30.2	..	..	40.1
Unpeered and other acute (includes hospitals with fewer than 200 separations)									
Number of hospitals	16	7	59	10	11	5	0	0	108
Average beds per hospital	13	7	3	16	12	6	..	..	7
Separations per hospital	158	159	69	328	457	113	..	..	153
Total expenditure (\$'000)	24,377	70,060	44,596	21,194	12,194	8,470	..	..	180,891
Cost per separation	7,424	6,890	2,077	4,486	1,561	10,654	..	..	3,828
Cost per patient day	380	688	430	953	343	583	..	..	493
Total									
Number of hospitals	214	94	181	86	75	18	3	5	676
Average beds per hospital	81	130	55	64	68	58	228	112	78
Hospital numbers reported in	219	145	183	90	80	24	3	5	749
Separations per hospital	5,756	10,943	3,805	4,217	4,760	3,950	20,322	11,795	5,710
Total expenditure (\$'000)	5,519,425	4,040,239	2,460,469	1,481,418	1,239,035	332,825	263,017	198,837	15,535,264
Cost per separation	3,117	2,652	2,683	2,884	2,853	3,374	3,164	2,577	2,867
Cost per patient day	682	701	757	751	686	652	914	782	709
Teaching hospitals (excluding psychiatric)									
Number of hospitals	17	14	10	5	4	3	2	1	56
Average beds per hospital	400	573	351	512	430	298	333	153	434
Separations per hospital	35,565	52,400	28,871	42,662	48,886	22,184	30,484	19,498	38,976
AR-DRGs (5+) per hospital ^(b)	440	437	327	391	480	416	417	323	414
Total expenditure (\$'000)	2,941,666	2,980,329	1,200,479	947,462	696,911	294,957	261,648	55,758	9,379,210
Average cost weight ^(c)	1.14	0.99	1.09	1.02	1.05	1.12	0.96	0.71	1.05
Relative stay index ^(c)	1.05	0.96	0.98	1.05	0.98	0.98	1.08	1.15	1.00
Cost per separation	3,232	2,722	3,262	2,955	2,870	3,167	3,164	2,186	2,992
Cost per patient day	839	727	912	742	830	746	914	756	798
Cost per casemix-adjusted sep.	2,989	2,800	3,043	2,971	2,793	2,922	3,397	3,103	2,922

- (a) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 4 and Appendix 5 for further information.
- (b) The number of different AR-DRGs provided by a hospital for which there were at least 5 acute separations.
- (c) Expenditure data exclude depreciation.
- (d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 1999–00 AR-DRG v 4.1 cost weights (DHAC 2001). Updated versions of this table based on 2000–01 AR-DRG v 4.2 cost weights will be posted on www.aihw.gov.au when available.
- (e) Based on public hospitals only. See Appendix 4 for details on the methodology.
- (f) Psychiatric hospitals consist of a mix of short term acute, long term, psychogeriatric and forensic psychiatric hospitals.
- n.p. not published.
- .. not applicable.

Table 4.4: Average salary (\$) of full-time equivalent staff,^(a) public acute and psychiatric hospitals, States and Territories, 2000-01 (\$)

Staffing category	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(b)	Tas ^(d)	ACT	NT	Total ^(e)
Salaried medical officers	98,152	125,505	95,858	104,031	81,656	104,610	106,667	123,628	103,487
Nurses	50,548	58,589	52,061	51,517	47,652	50,792	49,851	57,868	52,602
Other personal care staff	n.a.	27,085	35,647	31,342	n.a.	n.a.	34,998	37,727	31,298
Diagnostic & allied health professionals	49,626	64,576	53,146	45,665	47,891	54,185	55,498	68,288	54,565
Administrative & clerical staff	43,106	45,279	38,764	39,182	36,428	37,489	45,847	43,382	41,867
Domestic & other staff	34,956	37,866	34,406	35,712	30,318	44,536	33,922	44,231	35,558
Total staff	50,961	60,916	50,780	50,965	47,180	52,247	54,271	58,804	53,118

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

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

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

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

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

Table 4.5: Number of hospitals and available beds^(a) by accreditation status, States and Territories, 1999-00 (private hospitals) and 2000-01 (public hospitals)

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(f)	Tas	ACT ^(g)	NT ^(h)	Total
Public hospitals									
ACHS accredited hospitals	138	125	77	50	59	3	2	1	455
Other accredited hospitals	50	6	40	0	14	n.a.	1	0	111
Total accredited hospitals	188	131	117	50	73	3	3	1	566
Non-accredited hospitals	31	14	66	40	7	21	0	4	183
Hospitals accredited (%)	86	90	64	56	91	13	100	20	76
Total public hospitals	219	145	183	90	80	24	3	5	749
ACHS accredited beds	14,147	11,572	8,244	4,129	4,516	835	668	297	44,466
Other accredited beds	2,010	144	904	0	434	n.a.	18	0	3,510
Total accredited beds	16,157	11,716	9,148	4,129	4,950	895	684	297	47,976
Non-accredited beds	1,377	516	819	1,307	138	195	0	263	4,615
Beds accredited (%)	92	96	92	76	97	82	100	53	91
Total available beds for admitted patients	17,534	12,232	9,967	5,436	5,088	1,090	684	560	52,591
Private hospitals⁽ⁱ⁾									
Accredited hospitals	138	89	70	23	37	11	n.p.	n.p.	368
Non-accredited hospitals	40	47	19	18	14	3	n.p.	n.p.	141
Hospitals accredited (%)	78	65	79	56	73	79	n.p.	n.p.	72
Total private hospitals	178	136	89	41	51	14	n.p.	n.p.	509
Accredited beds ^(h)	6,781	5,906	5,165	2,601	2,069	746	n.p.	n.p.	23,268
Non-accredited beds ^(h)	448	603	419	334	158	16	n.p.	n.p.	1,978
Beds accredited (%)	94	91	92	89	93	98	n.p.	n.p.	92
Total available beds for admitted patients	7,229	6,509	5,584	2,935	2,227	762	n.p.	n.p.	25,246
Total									
Accredited hospitals	326	220	187	73	110	14	3	1	934
Non-accredited hospitals	71	61	85	58	21	24	0	4	324
Hospitals accredited (%)	82	78	69	56	84	37	100	20	74
Total hospitals	397	281	272	131	131	38	3	5	1,258
Accredited beds	22,938	17,622	14,313	6,730	7,019	1,641	684	297	71,244
Non-accredited beds	1,825	1,119	1,238	1,641	296	211	0	263	6,593
Beds accredited (%)	93	94	92	80	96	89	100	53	92
Total available beds for admitted patients	24,763	18,741	15,551	8,371	7,315	1,852	684	560	77,837

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

(b) Of the 'other accredited hospitals', 48 were accredited by AQC and 2 were certified ISO9000 family compliant.

(c) Of the 'other accredited' hospitals, 2 were accredited using QIC and 4 were certified ISO9000 family compliant.

(d) All of the 40 'other accredited' hospitals were accredited using QIC.

(e) Of the 40 hospitals accredited by ACHS, 3 were also certified ISO9000 family compliant and one was also accredited by AQC.

(f) One of the ACHS accredited hospitals was also accredited with AQC. Of the 'other accredited' hospitals 1 was accredited using QIC, and 13 were certified ISO9000 family compliant.

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

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

n.p. not published

Note. Private hospital data are provided from the Australian Bureau of Statistics' Private Health Establishments Collection and ACHS accreditation data are provided by the Australian Council on Healthcare Standards. Updated private hospital data will be available from the ABS or from updated tables on the internet version of this publication.

Table 4.6: Separation statistics, (a) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, (b) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Appendicectomy									
Separations ^(d)	8,139	6,715	5,352	3,229	1,956	724	441	216	26,779
Separations within State of residence (%)	97	99	99	99	98	99	95	95	
Separation rate ^(e)	1.32	1.45	1.52	1.73	1.37	1.62	1.40	1.08	1.44
Separation rate ^(e) for other States	1.50	1.43	1.42	1.40	1.44	1.43	1.44	1.44	
Difference, State/Territory & other States (%)	-12.3	1.4	6.8	23.1	-4.7	13.0	-2.8	-25.2	
Significance of difference	**	—	**	**	*	**	—	**	
Coronary artery bypass graft									
Separations ^(d)	6,308	4,266	3,105	1,055	1,239	394	126	75	16,567
Separations within State of residence (%)	93	99	99	99	99	96	87	0	
Separation rate ^(e)	0.87	0.80	0.83	0.55	0.69	0.71	0.48	0.65	0.79
Separation rate ^(e) for other States	0.75	0.79	0.78	0.81	0.80	0.79	0.79	0.79	
Difference, State/Territory & other States (%)	16.4	1.3	6.1	-30.9	-14.4	-10.3	-39.3	-18.4	
Significance of difference	**	—	**	**	**	*	**	—	
Angioplasty									
Separations ^(d)	7,493	6,368	3,187	2,022	1,817	621	337	105	21,951
Separations within State of residence (%)	91	98	99	100	99	98	93	0	
Separation rate ^(e)	1.03	1.19	0.84	1.05	1.01	1.12	1.22	0.75	1.04
Separation rate ^(e) for other States	1.04	0.99	1.08	1.04	1.04	1.04	1.04	1.04	
Difference, State/Territory & other States (%)	-1.1	20.8	-22.9	0.8	-3.4	7.8	17.2	-30.2	
Significance of difference	—	**	**	—	—	—	**	**	
Caesarean section									
Separations ^(d)	19,141	14,338	12,851	6,533	4,488	1,327	845	592	60,122
Separations within State of residence (%)	97	100	99	100	100	100	99	97	
Separation rate ^(e)	3.15	3.13	3.86	3.63	3.41	3.40	2.71	2.72	3.34
Separation rate ^(e) for other States	3.43	3.41	3.22	3.30	3.33	3.34	3.35	3.35	
Difference, State/Territory & other States (%)	-6.0	-8.1	20.0	9.8	2.5	1.9	-19.0	-18.6	
Significance of difference	**	**	**	**	—	—	**	**	
In-hospital birth separations	82,387	58,862	48,404	24,367	17,185	5,837	3,923	2,926	243,920
In-hospital birth separation rate ^(e)	13.7	12.9	14.6	13.6	13.2	15.1	12.5	13.6	13.6
Separations per 100 in-hospital birth separations ^(f)	22.8	24.3	26.4	26.8	26.1	22.7	20.1	21.3	24.4
Cholecystectomy									
Separations ^(d)	15,234	11,482	9,076	4,291	3,926	1,129	626	192	45,964
Separations within State of residence (%)	97	99	99	100	100	99	96	90	
Separation rate ^(e)	2.19	2.24	2.43	2.21	2.38	2.26	2.00	1.23	2.25
Separation rate ^(e) for other States	2.28	2.26	2.21	2.26	2.24	2.25	2.25	2.26	
Difference, State/Territory & other States (%)	-4.2	-0.7	9.7	-2.1	6.2	0.3	-11.1	-45.8	
Significance of difference	**	—	**	—	**	—	**	**	

(continued)

Table 4.6 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, ^(b) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Diagnostic gastrointestinal endoscopy									
Separations ^(d)	177,301	144,988	115,348	52,936	41,028	10,912	3,567	1,837	547,960
Separations within State of residence (%)	98	99	99	100	100	99	95	89	
Separation rate ^(e)	24.88	27.71	30.28	27.02	23.63	20.40	12.05	12.09	26.29
Separation rate ^(e) for other States	27.01	25.81	25.39	26.21	26.53	26.44	26.50	26.39	
Difference, State/Territory & other States (%)	-7.9	7.4	19.3	3.1	-10.9	-22.8	-54.5	-54.2	
Significance of difference	**	**	**	**	**	**	**	**	
Hip replacement									
Separations ^(d)	7,756	6,398	3,497	2,362	2,375	779	350	66	23,588
Separations within State of residence (%)	94	98	98	100	100	98	94	55	
Separation rate ^(e)	1.03	1.15	0.90	1.23	1.21	1.35	1.35	0.67	1.08
Separation rate ^(e) for other States	1.11	1.08	1.12	1.07	1.07	1.07	1.08	1.08	
Difference, State/Territory & other States (%)	-7.4	8.6	-19.2	15.5	13.4	25.5	24.9	-37.9	
Significance of difference	**	**	**	**	**	**	**	**	
Revision of hip replacement									
Separations ^(d)	971	816	445	297	279	110	57	9	2,986
Separations within State of residence (%)	92	98	98	100	100	97	93	33	
Separation rate ^(e)	0.13	0.15	0.12	0.15	0.14	0.20	0.23	0.09	0.14
Proportion of Hip replacements	0.13	0.13	0.13	0.13	0.12	0.14	0.16	0.14	0.13
Separation rate ^(e) for other States	0.14	0.13	0.14	0.14	0.14	0.14	0.14	0.14	
Difference, State/Territory & other States (%)	-9.0	10.3	-17.6	13.0	2.5	42.5	67.9	-34.5	
Significance of difference	*	*	**	—	—	**	**	—	
Hysterectomy									
Separations ^(d)	10,666	8,090	6,435	3,960	3,143	1,042	628	125	34,091
Separations within State of residence (%)	96	99	99	100	100	99	96	90	
Separation rate ^(e)	1.50	1.54	1.66	1.94	1.87	2.06	1.88	0.82	1.62
Separation rate ^(e) for other States	1.69	1.65	1.61	1.59	1.60	1.91	1.62	1.63	
Difference, State/Territory & other States (%)	-11.1	-7.0	2.9	22.3	16.5	27.6	16.1	-62.0	
Significance of difference	**	**	*	**	**	**	**	**	
Lens insertion									
Separations ^(d)	46,792	31,856	25,389	12,310	10,806	3,560	1,032	470	132,333
Separations within State of residence (%)	97	99	98	100	100	99	94	88	
Separation rate ^(e)	6.07	5.62	6.59	6.49	5.32	5.91	4.07	5.59	5.99
Separation rate ^(e) for other States	5.95	6.12	5.86	5.95	6.06	5.99	6.01	5.99	
Difference, State/Territory & other States (%)	2.1	-8.1	12.4	9.2	-12.2	-1.4	-32.4	-6.7	
Significance of difference	**	**	**	**	**	—	**	—	

(continued)

Table 4.6 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, ^(b) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Myringotomy									
Separations ^(d)	8,998	9,896	5,671	4,101	4,419	530	438	146	34,202
Separations within State of residence (%)	95	99	99	100	100	99	98	91	
Separation rate ^(e)	1.48	2.28	1.67	2.32	3.36	1.20	1.49	0.63	1.92
Separation rate ^(e) for other States	2.14	1.80	1.97	1.87	1.80	1.93	1.92	1.93	
Difference, State/Territory & other States (%)	-30.6	26.5	-15.3	23.9	86.1	-37.7	-22.4	-67.4	
Significance of difference	**	**	**	**	**	**	**	**	
Knee replacement									
Separations ^(d)	8,305	4,264	3,421	2,030	2,118	483	279	62	20,364
Separations within State of residence (%)	95	98	98	100	100	98	94	40	
Separation rate ^(e)	1.13	0.79	0.93	1.09	1.13	0.86	1.09	0.63	1.00
Separation rate ^(e) for other States	0.92	1.07	1.01	0.99	0.98	1.00	0.99	1.00	
Difference, State/Territory & other States (%)	23.1	-25.6	-8.4	10.8	15.4	-14.3	9.1	-37.1	
Significance of difference	**	**	**	**	**	**	---	**	
Prostatectomy									
Separations ^(d)	7,850	7,207	3,657	1,811	2,195	746	281	55	23,818
Separations within State of residence (%)	94	99	99	100	99	98	93	76	
Separation rate ^(e)	1.06	1.32	0.98	0.97	1.16	1.31	1.09	0.68	1.12
Separation rate ^(e) for other States	1.15	1.05	1.15	1.13	1.12	1.12	1.12	1.12	
Difference, State/Territory & other States (%)	-7.5	25.6	-15.1	-14.3	4.3	17.4	-2.5	-39.0	
Significance of difference	**	**	**	**	---	**	---	**	
Arthroscopic procedures (includes arthroscopies)									
Separations ^(d)	31,958	29,629	16,352	14,034	12,806	2,384	1,521	712	109,406
Separations within State of residence (%)	96	98	99	100	100	96	91	48	
Separation rate ^(e)	4.74	5.96	4.42	7.20	8.18	4.95	4.78	3.71	5.49
Separation rate ^(e) for other States	5.87	5.33	5.73	5.31	5.26	5.51	5.50	5.51	
Difference, State/Territory & other States (%)	-19.3	11.8	-22.9	35.7	55.4	-10.1	-13.2	-32.7	
Significance of difference	**	**	**	**	**	**	**	**	
Tonsillectomy									
Separations ^(d)	9,212	7,750	5,874	3,389	2,880	516	350	96	30,069
Separations within State of residence (%)	97	99	99	100	100	98	97	90	
Separation rate ^(e)	1.54	1.77	1.73	1.88	2.18	1.19	1.15	0.43	1.69
Separation rate ^(e) for other States	1.76	1.66	1.68	1.67	1.65	1.70	1.70	1.70	
Difference, State/Territory & other States (%)	-12.3	5.9	2.9	13.0	32.2	-29.8	-32.0	-74.7	
Significance of difference	**	**	---	**	**	**	**	**	

(continued)

Table 4.6 (continued): Separation statistics, (c) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, (b)
2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Asthma (principal diagnosis)									
Separations ^(b)	17,005	10,865	8,687	4,957	5,533	627	534	485	48,696
Separations within State of residence (%)	98	98	98	99	99	98	94	95	
Separation rate ^(e)	2.73	2.38	2.49	2.71	3.98	1.39	1.80	2.33	2.64
Separation rate ^(e) for other States	2.59	2.72	2.67	2.63	2.53	2.67	2.65	2.64	
Difference, State/Territory & other States (%)	5.4	-12.5	-6.9	3.3	57.6	-48.0	-31.9	-11.8	
Significance of difference	**	*	**	*	**	**	**	**	
Type 2 diabetes (principal diagnosis)									
Separations ^(b)	7,896	9,835	4,643	3,748	3,558	852	320	598	31,452
Separations within State of residence (%)	95	99	99	100	99	69	96	37	
Separation rate ^(e)	1.06	1.79	1.21	1.98	1.92	1.47	1.22	5.14	1.46
Separation rate ^(e) for other States	1.68	1.35	1.52	1.41	1.42	1.46	1.47	1.44	
Difference, State/Territory & other States (%)	-37.1	32.7	-20.3	39.9	35.2	0.7	-16.8	256.9	
Significance of difference	**	**	**	**	**	—	**	**	
Type 2 diabetes (principal or additional diagnosis)									
Separations ^(b)	89,450	80,084	54,431	30,471	27,611	7,211	2,518	3,400	295,201
Separations within State of residence (%)	96	99	99	100	99	99	95	90	
Separation rate ^(e)	11.96	14.58	14.19	15.78	14.56	12.62	9.46	27.03	13.70
Separation rate ^(e) for other States	14.62	13.39	13.59	13.48	13.62	13.73	13.76	13.60	
Difference, State/Territory & other States (%)	-18.2	8.9	4.4	16.9	6.9	-8.1	-31.2	98.7	
Significance of difference	**	**	**	**	**	**	**	**	

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

(b) Some private hospitals are not included. See Appendix 5 for details.

(c) Excludes non-residents and unknown State of residence.

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

(e) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 1991 using December 2000 population estimates as divisors.

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

— not significant, * significant at 5%, ** significant at 1%.

Table 4.7: Separation statistics,^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals,^(b) Australia, 2000-01

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Appendicectomy								
Separations ^(d)	16,202	1,903	1,930	2,058	3,912	349	406	26,779
Separation rate ^(e)	1.36	1.34	1.72	1.78	1.70	1.54	1.25	1.45
Separation rate ^(e) for other RRMA	1.61	1.45	1.43	1.42	1.41	1.44	1.45	
Difference, RRMA & other areas rate (%)	-15.6	-7.4	20.6	25.2	20.4	7.1	-13.7	
Significance of difference	**	**	**	**	**	—	**	
Coronary artery bypass graft								
Separations ^(d)	10,415	1,512	957	1,301	2,087	110	180	16,567
Separation rate ^(e)	0.81	0.88	0.77	0.84	0.69	0.75	0.63	0.80
Separation rate ^(e) for other RRMA	0.77	0.79	0.80	0.79	0.82	0.80	0.80	
Difference, RRMA & other areas rate (%)	5.4	11.2	-3.1	5.8	-15.7	-5.9	-21.0	
Significance of difference	**	**	—	—	**	—	**	
Angioplasty								
Separations ^(d)	14,499	1,846	1,135	1,405	2,671	140	245	21,951
Separation rate ^(e)	1.12	1.08	0.92	0.93	0.88	0.81	0.81	1.05
Separation rate ^(e) for other RRMA	0.94	1.05	1.06	1.06	1.08	1.05	1.05	
Difference, RRMA & other areas rate (%)	19.2	3.6	-12.7	-12.7	-18.4	-23.1	-23.2	
Significance of difference	**	—	**	**	**	**	**	
Caesarean section								
Separations ^(d)	39,443	4,385	3,528	3,625	7,042	820	1,258	60,122
Separation rate ^(e)	3.26	3.28	3.47	3.72	3.79	3.39	3.91	3.35
Separation rate ^(e) for other RRMA	3.57	3.35	3.34	3.33	3.31	3.35	3.34	
Difference, RRMA & other areas rate (%)	-8.6	-2.1	3.9	11.8	14.5	1.2	16.9	
Significance of difference	**	—	*	**	**	—	**	
In-hospital birth separations	155,064	18,605	15,698	15,458	29,451	3,934	5,645	243,920
In-hospital birth separation rate ^(e)	12.9	14.0	15.4	16.0	16.3	16.6	17.8	13.7
Separations per 100 in-hospital birth separations ^(f)	25.2	23.4	22.3	23.1	23.7	20.6	22.1	24.4
Cholecystectomy								
Separations ^(d)	27,954	3,961	3,170	3,328	6,508	413	620	45,964
Separation rate ^(e)	2.17	2.50	2.69	2.51	2.43	2.05	1.96	2.27
Separation rate ^(e) for other RRMA	2.46	2.25	2.24	2.26	2.25	2.27	2.28	
Difference, RRMA & other areas rate (%)	-12.0	10.9	20.0	11.1	8.1	-9.6	-14.0	
Significance of difference	**	**	**	**	**	*	**	

(continued)

Table 4.7 (continued): Separation statistics,^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals,^(b) Australia,

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Diagnostic gastrointestinal endoscopy								
Separations ^(d)	359,143	41,102	35,009	36,412	65,553	4,453	6,162	547,960
Separation rate ^(e)	27.62	24.86	28.74	25.56	22.90	23.58	19.85	26.53
Separation rate ^(e) for other RRMAs	24.63	26.67	26.39	26.60	27.11	26.55	26.63	
Difference, RRMA & other areas rate (%)	12.1	-6.8	8.9	-3.9	-15.5	-11.2	-25.5	
Significance of difference	**	**	**	**	**	**	**	
Hip replacement								
Separations ^(d)	13,957	1,845	1,521	2,042	3,875	122	214	23,588
Separation rate ^(e)	1.04	1.03	1.15	1.27	1.26	0.91	0.79	1.09
Separation rate ^(e) for other RRMAs	1.17	1.10	1.09	1.08	1.06	1.05	1.10	
Difference, RRMA & other areas rate (%)	-11.1	-6.6	6.2	17.6	18.1	-16.2	-28.0	
Significance of difference	**	**	*	**	**	*	**	
Revision of hip replacement								
Separations ^(d)	1,717	260	202	263	485	25	30	2,986
Separation rate ^(e)	0.13	0.15	0.16	0.16	0.16	0.21	0.11	0.14
Separation rate ^(e) for other RRMAs	0.16	0.14	0.14	0.14	0.14	0.14	0.14	
Difference, RRMA & other areas rate (%)	-16.7	6.4	13.0	18.5	16.0	49.0	-19.6	
Significance of difference	**	—	—	*	**	—	—	
Hysterectomy								
Separations ^(d)	20,356	2,692	2,213	2,782	5,237	348	457	34,091
Separation rate ^(e)	1.53	1.71	1.84	2.12	1.89	1.49	1.36	1.64
Separation rate ^(e) for other RRMAs	1.84	1.63	1.62	1.61	1.60	1.64	1.64	
Difference, RRMA & other areas rate (%)	-17.1	4.6	13.6	31.9	17.8	-8.8	-17.3	
Significance of difference	**	*	**	**	**	—	**	
Lens insertion								
Separations ^(d)	79,653	11,493	8,758	11,676	18,236	971	1,509	132,333
Separation rate ^(e)	5.92	6.23	6.52	6.89	5.82	8.00	5.78	6.06
Separation rate ^(e) for other RRMAs	6.27	6.04	6.03	5.99	6.10	6.04	6.06	
Difference, RRMA & other areas rate (%)	-5.5	3.1	8.1	15.1	-4.6	32.4	-4.6	
Significance of difference	**	**	**	**	**	**	—	

(continued)

Table 4.7 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals, ^(b) Australia,

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Myringotomy								
Separations ^(d)	22,587	2,357	2,055	2,065	4,332	358	438	34,202
Separation rate ^(e)	2.04	1.75	1.87	1.72	1.75	1.37	1.10	1.92
Separation rate ^(e) for other RRMAs	1.71	1.93	1.92	1.93	1.94	1.93	1.94	1.94
Difference, RRMA & other areas rate (%)	19.3	-9.5	-2.8	-11.0	-9.8	-29.1	-43.0	
Significance of difference	**	**		**	**	**	**	
Knee replacement								
Separations ^(d)	11,801	1,988	1,433	1,925	3,447	122	234	20,964
Separation rate ^(e)	0.92	1.14	1.14	1.20	1.13	0.98	0.89	1.01
Separation rate ^(e) for other RRMAs	1.14	0.99	1.00	0.99	0.98	1.00	1.01	1.01
Difference, RRMA & other areas rate (%)	-19.0	14.7	14.9	21.5	15.0	-2.6	-11.7	
Significance of difference	**	**		**	**	**	**	
Prostatectomy								
Separations ^(d)	14,310	1,847	1,490	1,917	3,863	114	273	23,818
Separation rate ^(e)	1.11	1.04	1.16	1.18	1.26	0.93	1.05	1.13
Separation rate ^(e) for other RRMAs	1.17	1.14	1.13	1.13	1.11	1.13	1.13	1.13
Difference, RRMA & other areas rate (%)	-4.8	-8.9	2.3	4.5	12.1	-17.6	-7.5	
Significance of difference	**	**			**	*		
Arthroscopic procedures (includes arthroscopies)								
Separations ^(d)	67,276	8,071	7,144	8,176	15,783	1,309	1,613	109,406
Separation rate ^(e)	5.29	5.28	6.22	6.53	6.29	5.88	4.96	5.53
Separation rate ^(e) for other RRMAs	6.01	5.55	5.49	5.47	5.44	5.53	5.54	5.54
Difference, RRMA & other areas rate (%)	-12.0	-4.9	13.3	19.3	15.7	6.4	-10.4	
Significance of difference	**	**	**	**	**	*	**	
Tonsillectomy								
Separations ^(d)	18,242	2,149	2,259	2,212	4,386	348	468	30,069
Separation rate ^(e)	1.63	1.60	2.06	1.92	1.88	1.43	1.29	1.69
Separation rate ^(e) for other RRMAs	1.81	1.70	1.67	1.68	1.67	1.70	1.70	1.70
Difference, RRMA & other areas rate (%)	-9.9	-5.6	23.2	14.7	12.7	-15.9	-23.9	
Significance of difference	**	**	**	**	**	**	**	

(continued)

Table 4.7 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals, ^(b) Australia,

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Asthma (principal diagnosis)								
Separations ^(d)	28,812	2,855	2,797	3,934	7,858	946	1,478	48,696
Separation rate ^(e)	2.49	2.04	2.51	3.27	3.19	4.07	4.18	2.64
Separation rate ^(e) for other RRMAs	2.92	2.69	2.65	2.60	2.57	2.63	2.62	
Difference, RRMA & other areas rate (%)	-14.6	-24.2	-5.5	25.8	24.4	54.8	59.8	
Significance of difference	**	**	**	**	**	**	**	
Type 2 diabetes (principal diagnosis)								
Separations ^(d)	18,781	2,102	1,825	2,365	4,764	569	1,035	31,452
Separation rate ^(e)	1.43	1.18	1.41	1.49	1.55	3.33	3.36	1.48
Separation rate ^(e) for other RRMAs	1.56	1.50	1.48	1.48	1.47	1.46	1.45	
Difference, RRMA & other areas rate (%)	-8.5	-21.7	-4.7	0.8	6.0	128.4	132.6	
Significance of difference	**	**	*	—	**	**	**	
Type 2 diabetes (principal or additional diagnosis)								
Separations ^(d)	173,271	22,007	19,171	24,931	41,301	6,751	7,690	295,201
Separation rate ^(e)	13.15	12.42	14.92	15.82	13.42	37.72	25.21	13.84
Separation rate ^(e) for other RRMAs	15.06	13.96	13.77	13.69	13.92	13.61	13.65	
Difference, RRMA & other areas rate (%)	-12.7	-11.0	6.3	15.5	-3.6	177.2	84.7	
Significance of difference	**	**	**	**	**	**	**	

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

(b) Some private hospitals are not included. See Appendix 5 for details.

(c) Includes Unknown RRMA. Excludes non-residents.

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

(e) Rate per 1,000 population was directly age standardised to the Australian population at 30 June 1991 using June 2000 population estimates as divisors. Hence totals will not match other totals presented elsewhere in this publication that use December 2000 population divisors.

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

— not significant, * significant at 5%, ** significant at 1%.

Table 4.8: Average length of stay (days) for the 10 AR-DRGs (version 4.2) with the highest number of separations,^(a) excluding same day separations, by hospital sector, States and Territories, 2000-01

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
O60D Vaginal Delivery W/O Complicating Diagnosis ALOS (days)	Public	3.03	2.99	2.65	3.26	3.06	3.77	2.90	3.56	2.98
	Private	4.53	4.75	4.63	4.74	4.85	n.p.	n.p.	n.a.	4.66
	Total	3.37	3.45	3.13	3.79	3.47	n.p.	n.p.	3.56	3.40
Separations	Public	35,819	24,739	20,038	8,045	6,908	1,911	1,733	1,588	100,781
	Private	10,564	8,691	6,534	4,526	2,071	n.p.	n.p.	n.a.	33,607
	Total	46,383	33,430	26,572	12,573	8,979	n.p.	n.p.	1,588	134,388
G67B Cerebrovascular, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC ALOS (days)	Public	2.70	2.61	2.47	2.60	2.58	3.34	2.82	2.81	2.63
	Private	4.24	4.08	3.44	3.38	3.52	3.23	3.73	n.a.	3.72
	Total	2.88	2.94	2.78	2.82	2.79	3.31	3.12	2.81	2.87
Separations	Public	11,501	8,623	6,023	3,039	2,733	487	213	258	30,877
	Private	1,467	1,944	2,866	1,189	790	220	104	n.a.	8,580
	Total	12,968	8,567	8,889	4,228	3,523	707	317	258	39,457
O01D Caesarean Delivery W/O Complicating Diagnosis ALOS (days)	Public	4.90	4.78	4.14	4.89	4.98	4.94	4.74	5.91	4.72
	Private	6.22	6.24	5.75	6.80	6.61	n.p.	n.p.	n.a.	6.22
	Total	5.36	5.33	4.83	5.85	5.58	n.p.	n.p.	5.91	5.31
Separations	Public	7,844	5,613	5,006	2,067	1,712	452	401	333	23,428
	Private	4,263	3,410	3,707	2,103	997	n.p.	n.p.	n.a.	14,921
	Total	12,107	9,023	8,713	4,170	2,709	n.p.	n.p.	333	38,349
F74Z Chest Pain ALOS (days)	Public	2.25	1.85	2.02	2.07	2.13	2.37	1.86	2.36	2.08
	Private	2.78	2.59	2.69	2.33	2.11	2.43	2.76	2.55	2.55
	Total	2.29	2.01	2.17	2.14	2.12	2.39	1.92	2.36	2.17
Separations	Public	11,321	7,014	6,758	2,167	2,751	314	327	475	31,122
	Private	924	1,902	1,980	833	897	153	25	n.a.	6,714
	Total	12,245	8,916	8,733	3,000	3,648	467	352	475	37,836
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC ALOS (days)	Public	2.43	2.37	1.95	2.66	2.12	2.48	1.96	3.13	2.32
	Private	2.31	2.71	2.27	2.49	2.65	2.24	2.16	n.a.	2.44
	Total	2.37	2.51	2.11	2.56	2.35	2.37	2.07	3.13	2.37
Separations	Public	6,390	5,446	3,504	1,539	1,716	364	283	119	19,361
	Private	5,417	3,944	3,687	1,900	1,299	272	313	n.a.	16,832
	Total	11,807	9,390	7,191	3,439	3,015	636	596	119	36,193

(continued)

Table 4.8 (continued): Average length of stay (days) for the 10 AR-DRGs (version 4.2) with the highest number of separations,^(a) excluding same day separations, by hospital sector, States and Territories, 2000-01

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E69C Bronchitis and Asthma Age<50 W/O CC ALOS (days)	Public	2.04	1.86	1.98	2.19	2.00	2.24	2.12	2.33	2.01
	Private	2.42	2.60	2.23	2.27	3.11	2.04	2.65	n.a.	2.42
	Total	2.06	1.92	2.02	2.20	2.07	2.21	2.15	2.33	2.04
Separations	Public	10,612	6,144	4,673	3,141	3,390	321	372	334	28,987
	Private	419	489	851	514	230	52	23	n.a.	2,578
	Total	11,031	6,633	5,524	3,655	3,620	373	395	334	31,565
G09Z Inguinal and Femoral Hernia Procedures Age>0 ALOS (days)	Public	1.91	1.70	1.49	1.60	1.85	1.82	1.72	1.81	1.76
	Private	1.90	1.91	1.54	1.92	2.11	2.49	1.57	n.a.	1.85
	Total	1.91	1.81	1.52	1.87	1.99	2.16	1.62	1.81	1.81
Separations	Public	4,027	3,385	2,127	1,140	1,304	170	163	72	12,388
	Private	6,080	4,355	3,649	1,898	1,549	174	356	n.a.	18,061
	Total	10,107	7,740	5,776	3,038	2,853	344	519	72	30,449
N04Z Hysterectomy for Non-Malignancy ALOS (days)	Public	4.43	4.34	3.89	4.53	4.44	3.89	4.68	4.24	4.32
	Private	4.95	5.50	4.56	5.27	5.31	n.p.	n.p.	n.a.	5.07
	Total	4.69	4.86	4.26	4.94	4.87	n.p.	n.p.	4.24	4.70
Separations	Public	4,683	4,093	2,576	1,651	1,456	348	260	109	15,176
	Private	4,632	3,244	3,255	2,016	1,440	n.p.	n.p.	n.a.	15,267
	Total	9,315	7,337	5,831	3,667	2,896	n.p.	n.p.	109	30,443
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60 ALOS (days)	Public	4.32	5.03	3.77	3.78	3.76	4.54	4.60	4.07	4.25
	Private	5.34	5.98	5.62	4.15	4.87	4.27	5.00	n.a.	5.36
	Total	4.43	5.22	4.11	3.85	4.02	4.46	4.65	4.07	4.43
Separations	Public	8,460	5,252	5,383	2,838	1,638	344	274	1,194	25,383
	Private	1,080	1,289	1,217	567	504	141	41	n.a.	4,839
	Total	9,540	6,541	6,600	3,405	2,142	485	315	1,194	30,222
F62B Heart Failure and Shock W/O Catastrophic CC ALOS (days)	Public	6.49	5.80	5.92	6.03	6.11	7.94	6.60	5.21	6.17
	Private	9.29	8.26	8.21	7.25	7.09	8.23	10.14	n.a.	8.23
	Total	6.86	6.53	6.64	6.33	6.39	8.03	7.23	5.21	6.66
Separations	Public	8,125	5,081	3,644	1,868	1,888	426	231	238	21,501
	Private	1,239	2,133	1,667	622	741	201	50	n.a.	6,653
	Total	9,364	7,214	5,311	2,490	2,629	627	281	238	28,154

(a) Separations for which the type of episode of care was reported as acute, or was not reported. Excludes separations where the length of stay was greater than 365 days and same day separations.

n.a. not available.

n.p. not published.

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

Table 4.9: Relative stay index, ^(a) by sector, Medicare eligibility status and funding source, States and Territories, 2000-01

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	1.01	0.95	0.93	1.02	0.96	1.00	1.06	1.21	0.98
Medicare eligible	1.01	0.95	0.93	1.02	0.96	1.00	1.06	1.22	0.98
Public	1.00	0.95	0.93	1.02	0.95	1.01	1.07	1.22	0.98
Private	1.02	0.97	0.94	1.03	1.00	0.98	1.06	1.17	1.00
Compensable	1.19	1.01	1.12	1.13	1.23	1.11	1.31	1.51	1.12
Department of Veterans' Affairs	0.97	0.86	0.97	1.01	0.99	0.91	1.06	0.89	0.97
Other private	1.03	0.96	0.91	1.03	0.97	0.99	1.04	0.88	1.00
Not Medicare eligible	1.15	0.90	1.02	0.95	1.16	1.38	1.02	1.22	1.11
Not reported	2.31	2.12	..	1.22	4.10	..	0.42	0.99	1.94
Private hospitals	1.05	1.03	1.05	1.05	1.02	1.06	1.13	n.a.	1.04
Medicare eligible	1.05	1.03	1.05	1.05	1.02	1.06	1.08	n.a.	1.04
Public	1.08	0.84	0.95	0.89	1.02	0.97	..	n.a.	0.96
Private	1.05	1.03	1.05	1.08	1.02	1.10	1.08	n.a.	1.05
Compensable	1.04	1.13	0.97	0.93	0.88	1.10	0.97	n.a.	1.01
Department of Veterans' Affairs	1.10	1.04	1.16	1.22	1.02	1.14	1.00	n.a.	1.11
Other private	1.04	1.03	1.03	1.06	1.03	1.09	1.09	n.a.	1.04
Not Medicare eligible	1.16	0.99	0.98	0.92	0.94	..	0.83	n.a.	1.04
Not reported	0.80	..	1.05	0.84	..	..	1.15	n.a.	1.10
All hospitals	1.02	0.98	0.98	1.03	0.98	1.02	1.08	1.21	1.00
Medicare eligible	1.02	0.98	0.97	1.03	0.98	1.02	1.07	1.22	1.00
Public	1.01	0.95	0.93	1.01	0.95	1.00	1.07	1.22	0.98
Private	1.04	1.02	1.03	1.07	1.02	1.05	1.07	1.17	1.03
Compensable	1.13	1.07	0.99	1.02	1.02	1.11	1.23	1.51	1.06
Department of Veterans' Affairs	1.02	1.00	1.12	1.15	1.00	1.01	1.06	0.89	1.05
Other private	1.04	1.02	1.02	1.06	1.02	1.06	1.06	0.88	1.03
Not Medicare eligible	1.15	0.90	1.00	0.94	1.09	1.38	1.00	1.22	1.09
Not reported	2.31	2.12	1.05	0.99	4.10	..	1.15	0.99	1.15

(a) Relative stay index based on all hospitals.

.. not applicable.

n.a. not available.

Table 4.10: Relative stay index,^(a) by sector, and medical/surgical/other type of AR-DRG, States and Territories, 2000-01

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	1.01	0.95	0.93	1.02	0.96	1.00	1.06	1.21	0.98
Medical	0.99	0.93	0.92	1.03	0.94	0.99	1.06	1.18	0.96
Surgical	1.05	1.00	0.96	1.00	1.00	1.03	1.08	1.34	1.02
Other	1.05	1.00	0.96	1.00	1.00	1.03	1.08	1.34	1.02
Private hospitals	1.05	1.03	1.05	1.05	1.02	1.06	1.13	n.a.	1.04
Medical	1.23	1.08	1.13	1.08	1.09	1.12	1.34	n.a.	1.13
Surgical	0.96	1.00	0.97	1.04	0.97	0.98	1.00	n.a.	0.98
Other	0.90	0.95	0.96	0.93	0.95	1.00	0.94	n.a.	0.93
All hospitals	1.02	0.98	0.98	1.03	0.98	1.02	1.08	1.21	1.00
Medical	1.02	0.97	0.98	1.04	0.98	1.02	1.12	1.18	1.00
Surgical	1.01	1.00	0.96	1.02	0.98	1.02	1.05	1.34	1.00
Other	1.04	0.98	0.99	0.97	0.98	1.04	0.94	1.10	1.00

(a) Relative stay index based on all hospitals.
n.a. not available.

Table 4.11: Emergency department waiting times^(a) by triage category, public hospitals, States and Territories, 2000-01

Triage category	NSW	Vic	Qld	WA ^(b)	SA	Tas ^(c)	ACT	NT	Total
Proportion of patients seen on time									
1 - Resuscitation	100	100	98	98	94	89	96	100	96
2 - Emergency	74	78	70	78	64	55	85	69	73
3 - Urgent	59	69	59	64	51	57	82	71	61
4 - Semi-urgent	63	56	65	59	46	64	71	54	60
5 - Non-urgent	87	82	86	75	51	90	83	88	83
Total	67	65	66	65	49	65	78	68	65
Estimated proportion of patients who were admitted									
1 - Resuscitation	86	65	83	82	79	83	74	63	79
2 - Emergency	71	47	68	63	63	61	51	60	63
3 - Urgent	50	34	38	49	42	33	37	39	43
4 - Semi-urgent	22	16	14	26	14	14	16	14	18
5 - Non-urgent	7	6	4	8	4	4	4	3	6
Total	32	24	24	36	25	24	18	24	28
Data coverage									
Hospitals (number)	52	12	20	6	13	4	2	2	111
Estimated proportion of emergency visits (%)	80	54	80	82	77	100	100	100	...

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

(b) Estimated proportion of patients who were admitted is based on 4 hospitals.

(c) Estimated proportion of patients who were admitted is based on 3 hospitals.

... not applicable.