Australian Government
Australian Institute of Health and Welfare

Australia's hospitals 2013–14

at a glance

9.7 million hospitalisations

Where?

747 Public hospitals **612** Private hospitals

3 in 5
in public hospitals

5,715,000	Public hospitals
3,987,000	Private hospitals

Average length of overnight stay

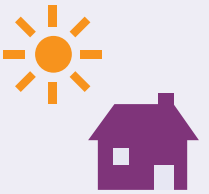
Public hospitals	**5.7 days**
Private hospitals	**5.1 days**

Who?

53%
were for females

4%
were for Indigenous Australians

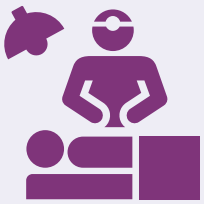
40%
were for people over 65



People living in very remote areas were

1.5 times
more likely to be hospitalised

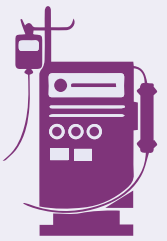
What care was provided?



1 in 5
hospitalisations involved a surgical procedure

1 in 4
were emergency admissions

126,800
hospitalisations involved a stay in intensive care units



1.3 million
hospitalisations for dialysis

59%
same-day hospitalisations (vs overnight hospitalisations)

* COPD = Chronic obstructive pulmonary disease.

Common principal diagnoses

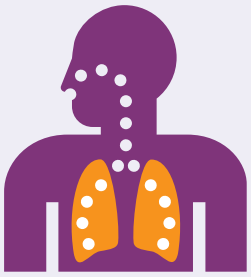
Cancer (Neoplasms)
616,000

Skin	114,000
Bowel	28,000
Breast	25,000

Injury and poisoning
624,000

Fracture	200,000
Poisoning: drugs and medicines	33,000
Burns	8,000

Respiratory
408,000



Asthma	38,000
COPD*	64,000
Pneumonia	71,000

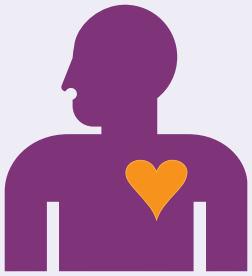
Digestive system
978,000

Gall stones	65,000
Reflux	69,000
Hernia	94,000

Childbirth
295,000

Caesarean section	94,000
Normal delivery	159,000

Circulatory
481,000

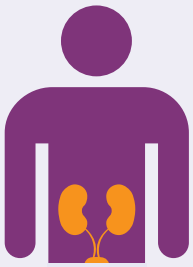


Heart attack	54,000
Angina	51,000
Heart failure	54,000

Musculoskeletal
521,000

Arthritis	138,000
Knee disorders	64,000
Back pain	63,000

Genitourinary
457,000



Kidney stones	41,000
Urinary tract infection	55,000
Kidney failure	27,000

Eyes
349,000

Cataracts	226,000
Glaucoma	5,000

Mental/behavioural
382,000

Substance use	78,000
Depression	96,000

Australian Institute of Health and Welfare 2015. Australia's hospitals 2013–14 at a glance.

Contents

Introduction

Hospitals are an important part of Australia's health landscape, providing services to many Australians each year. A summary measure of their significant role is the amount that is spent on them—an estimated $56 billion in 2012–13, about 3.7% of Australia's gross domestic product, or about $2,410 per person (AIHW 2014a). Hospital spending has been increasing faster than inflation—adjusted for inflation, it increased by 4.3% each year, on average, between 2008–09 and 2012–13.

Access to our hospital services, the quality of the services, and their funding and management arrangements are under constant public scrutiny. This summary report presents an overview of statistics on our hospitals that inform public discussion and debate.

While most data in this report are for 2013–14, data for private hospital peer groups and for hospital funding were only available for 2012–13.

More detailed statistics and information on how to interpret the data are in the companion reports:

- *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a)
- *Non-admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015b)
- *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015c)

Further detail is also available in spread sheets and interactive data cubes at <www.aihw.gov.au>.

Hospital resources

In Australia, hospital services are provided by both public and private hospitals. The state and territory governments largely own and manage public hospitals. Public acute hospitals mainly provide 'acute care' for short periods, although some provide longer term care, such as for rehabilitation. Public psychiatric hospitals specialise in the care of people with mental health problems, sometimes for long periods.

Private hospitals are mainly owned and managed by private organisations; either for-profit companies, or not-for-profit non-government organisations. They include day hospitals that provide services on a day-only basis, and hospitals that provide overnight care.

How many hospitals were there?

In 2013–14, there were 747 public hospitals and 612 private hospitals (Table 1).

Table 1: Public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	217	150	165	88	78	22	3	5	728
Public psychiatric hospitals	8	1	4	3	2	1	0	0	19
Total public hospitals	*225*	*151*	*169*	*91*	*80*	*23*	*3*	*5*	*747*
Private hospitals									
Private free-standing day hospital facilities	102	86	52	40	27	n.p.	n.p.	n.p.	326
Other private hospitals	91	79	56	22	28	n.p.	n.p.	n.p.	286
Total private hospitals	*193*	*165*	*108*	*62*	*55*	*n.p.*	*n.p.*	*n.p.*	*612*
All hospitals	**418**	**316**	**277**	**153**	**135**	**n.p.**	**n.p.**	**n.p.**	**1,359**

n.p. not published.

How many beds?

The number of hospital beds is a better indicator of the availability of hospital services than the number of hospitals. However, the range and types of patients that different hospitals treat (or their 'casemix') can affect the comparability of hospital bed numbers.

Between 2009–10 and 2013–14:

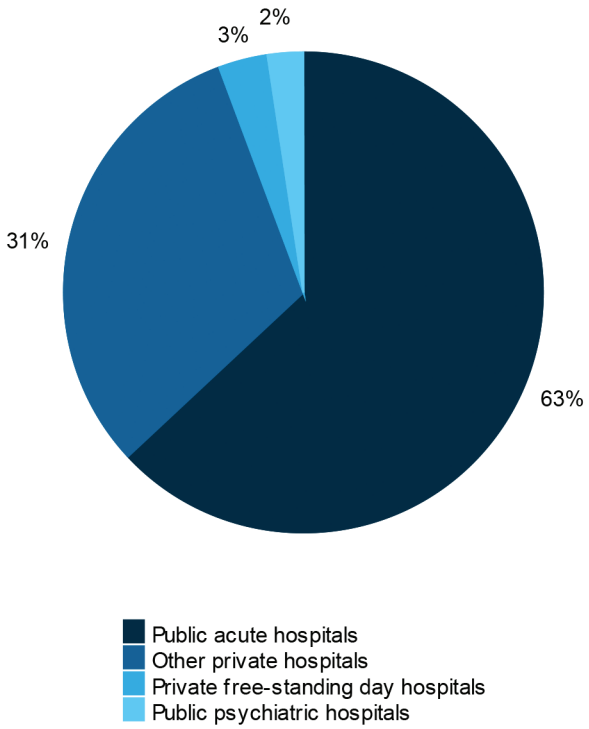
- public hospital bed numbers rose overall (an average of 0.7% per year).

In 2013–14:

- there were about 89,500 beds in Australia's public and private hospitals
- there were about 2.5 public hospital beds for every 1,000 people
- 12% of public hospital beds were same-day beds or chairs
- 31% of beds were in private hospitals that did not specialise in same-day care (Figure 1).

The majority of public hospital beds were in larger hospitals, located in the more densely populated areas. On average, there were almost 40,000 beds available in *Major cities*, compared with 1,700 beds in *Remote* areas.

For more information on the numbers of hospitals and beds in each state or territory, see Chapter 2 of *Hospital resources 2013–14: Australian hospital statistics*.



Note: Percentages for figures may not sum to 100% due to rounding.

Figure 1: Proportion of beds by hospital type, public hospitals and private hospitals 2013–14

How diverse were Australia's hospitals?

Public hospitals

The 747 public hospitals are very diverse in size and the types of services they provided for admitted and non-admitted patients (Table 2).

In 2013–14, the 29 *Principal referral* hospitals, accounted for almost 2 million separations—or hospitalisations—that is, 35% of the total for public hospitals (Figure 2). These hospitals also accounted for 35% of patient days for public hospitals (Figure 3).

Most of the *Public acute group C*, *Public acute group D* and *Very small* hospitals are located in regional areas and remote areas. They delivered mainly acute care for admitted patients and most provided emergency services (rather than having formal emergency departments).

The 39 *Subacute and non-acute* hospitals mainly provided rehabilitation, geriatric evaluation and management, palliative care and maintenance care.

The 28 hospitals in the *Other* category provided a variety of specialised services, including maternity care, the treatment of cancer and rehabilitation.

For more information on hospital diversity in each state or territory, see Chapter 3 of *Hospital resources 2013–14: Australian hospital statistics*.

Table 2: Diversity of public hospitals, 2013–14

	Major cities	Regional	Remote	Total	Emergency departments	Emergency services	Non-admitted patient clinics	Elective surgery	Average available beds	Separations (average)
Principal referral	26	3	0	**29**	29	29	29	29	647	68,931
Specialist women's and children's	13	0	0	**13**	10	10	12	12	194	20,952
Public acute group A	33	28	1	**62**	60	60	61	58	262	30,750
Public acute group B	24	20	1	**45**	45	45	45	43	130	15,895
Public acute group C	11	114	18	**143**	55	111	74	88	40	3,560
Public acute group D	4	135	52	**191**	59	164	43	9	16	603
Very small	0	86	50	**136**	25	101	50	0	7	92
Psychiatric	15	4	0	**19**	0	0	2	0	111	617
Subacute and non-acute	28	11	0	**39**	0	3	26	0	67	1,582
Outpatient	0	10	32	**42**	5	30	1	0	0	4
Other	24	4	0	**28**	1	1	9	5	31	3,822
Total	**178**	**415**	**154**	**747**	**289**	**554**	**352**	**244**	**78**	**7,645**

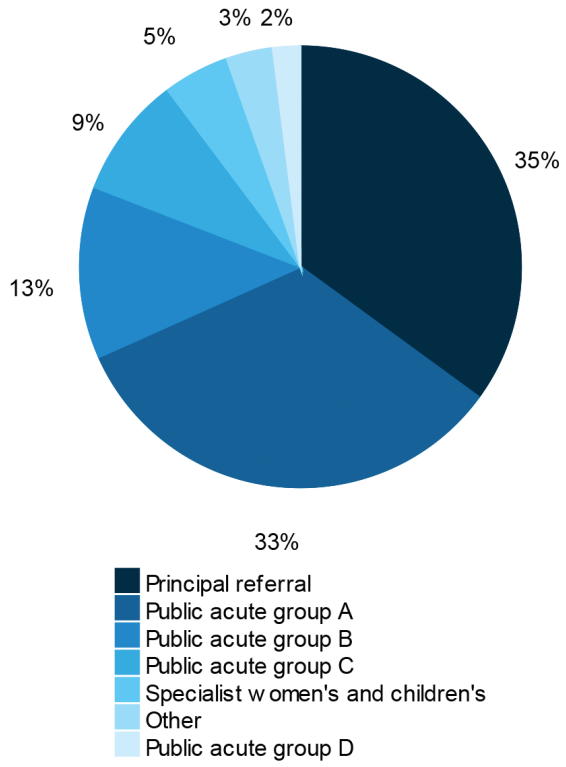


Figure 2: Proportion of separations for admitted patients, by public hospital type, 2013–14

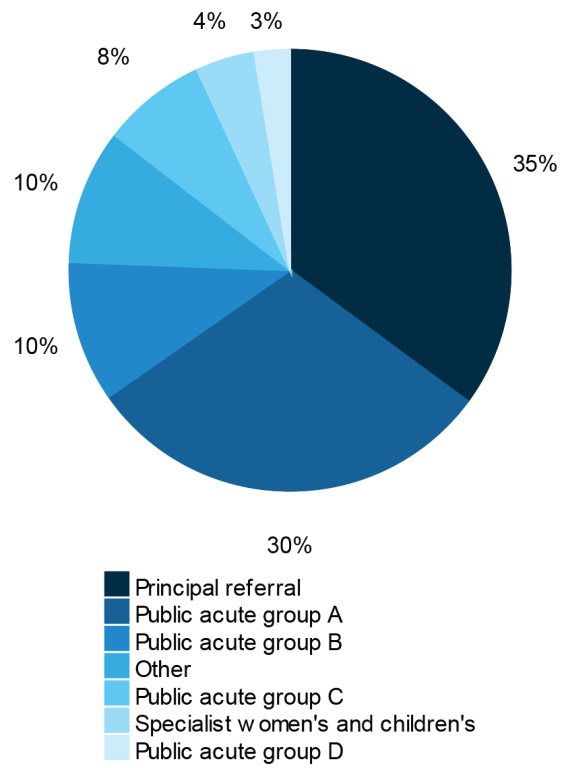


Figure 3: Proportion of patient days for admitted patients, by public hospital type, 2013–14

Private hospitals

There is considerable variation in specialised facilities available, location and activity levels of private hospitals.

In 2012–13, there were 22 *Private acute group A hospitals* with an average of 33,234 separations. Of these hospitals:

- all had 24 hour emergency service
- all had an intensive care unit
- 95% were in *Major cities*.

In 2012–13, there were 71 *Private acute Group D* hospitals with an average of 4,811 separations. Of these hospitals:

- relatively few had specialised services
- 63% were in *Major cities*.

For more information see *Australian hospital statistics 2012–13: private hospitals* (AIHW 2014b).

How much did hospitals spend?

Recurrent hospital expenditure includes money that is spent on goods and services that are consumed during the year.

Public hospitals

Recurrent expenditure includes:

- salary expenditure—including salaries and wages
- non-salary expenditure—including payments to visiting medical officers; and costs of drug, medical and surgical supplies (other than equipment).

Between 2009–10 and 2013–14, the average annual increase in recurrent expenditure was 4.4% (after adjusting for inflation) (Figure 4).

In 2013–14:

- recurrent expenditure by public hospitals was $44 billion (excluding depreciation)
- salary payments accounted for 62% of recurrent expenditure (Figure 5)
- *Principal referral* hospitals accounted for almost a third of public hospital recurrent expenditure.

For more information see Chapter 4 of *Hospital resources 2013–14: Australian hospital statistics*.

Private hospitals

In 2013–14, recurrent expenditure by private hospitals was over $11 billion (including depreciation) (ABS 2015) and almost 50% of this expenditure was for salary payments.

Between 2009–10 and 2013–14, recurrent expenditure by private hospitals increased by an average of 3.4% per year (after adjusting for inflation).

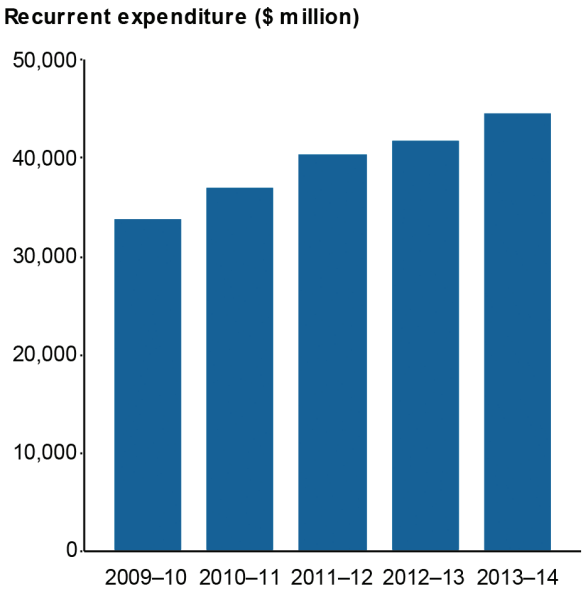


Figure 4: Recurrent expenditure, public hospitals, 2009–10 to 2013–14

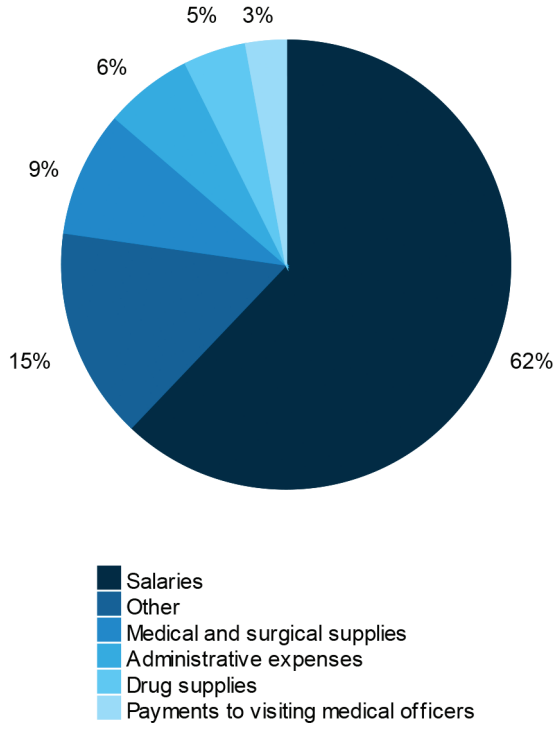


Figure 5: Recurrent expenditure, public hospitals, 2013–14

How were hospitals funded?

Public and private hospitals are funded from a range of sources, reflecting the types of patients they treat and the services they provide.

Governments mainly fund emergency department and outpatient services, whereas admitted patient services are commonly funded by private (non-government) sources, as well as government sources.

In general terms, the state and territory governments and the Australian Government provide most of the funds for public hospitals (AIHW 2014a) (Figure 6).

Private hospitals are mainly funded by private health insurance and out-of-pocket payments by patients (Figure 6).

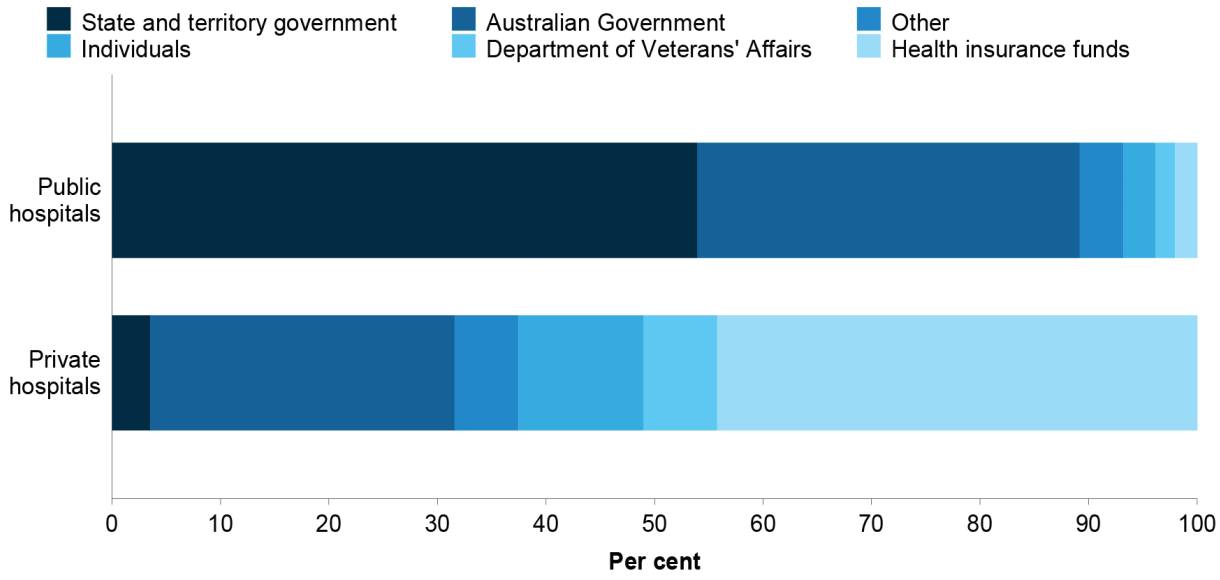


Figure 6: Funding sources for public and private hospitals, 2012–13

Between 2008–09 and 2012–13:

- after adjusting for inflation, funding for public hospitals and private hospitals has increased by 4.3% each year on average
- the proportion of public hospital funding by the Australian Government fluctuated around 38% with a decrease of 2.2% between 2011–12 and 2012–13 (Figure 7).

For more information on hospital funding, see Chapter 4 of *Hospital resources 2013–14: Australian hospital statistics* and *Health expenditure Australia 2012–13* (AIHW 2014a).

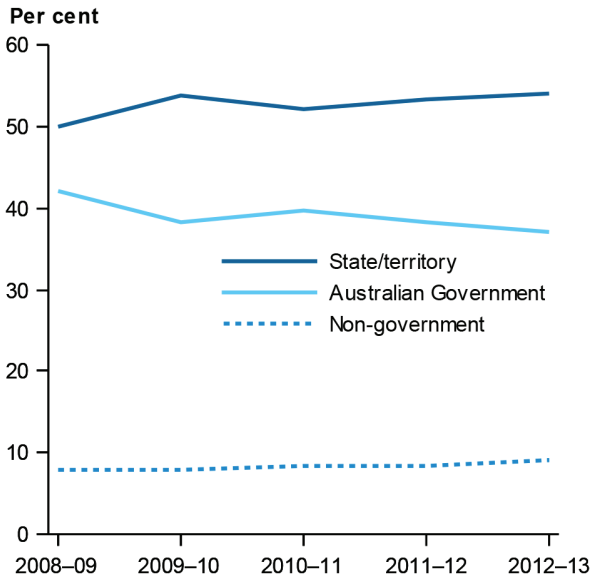


Figure 7: Funding sources for public hospitals, 2008–09 to 2012–13

How many people were employed in Australia's hospitals?

Hospital employees include medical officers (such as surgeons, anaesthetists and other specialists), nurses, diagnostic and allied health professionals (such as physiotherapists and occupational therapists), administrative and clerical staff, and domestic and other personal care staff.

The staff numbers below do not include visiting medical officers in public hospitals and most medical officers who provide services in private hospitals.

Public hospitals

Australia's public hospitals employed about 287,000 full-time equivalent staff in 2013–14:

- 45% of staff were nurses (Figure 8)
- 13% were salaried medical officers
- 14% were diagnostic and allied health professionals.

Between 2009–10 and 2013–14:

- the number of salaried medical officers increased by an average of 4.9% per year (Figure 8)
- the number of nurses increased by an average of 3.4% per year.

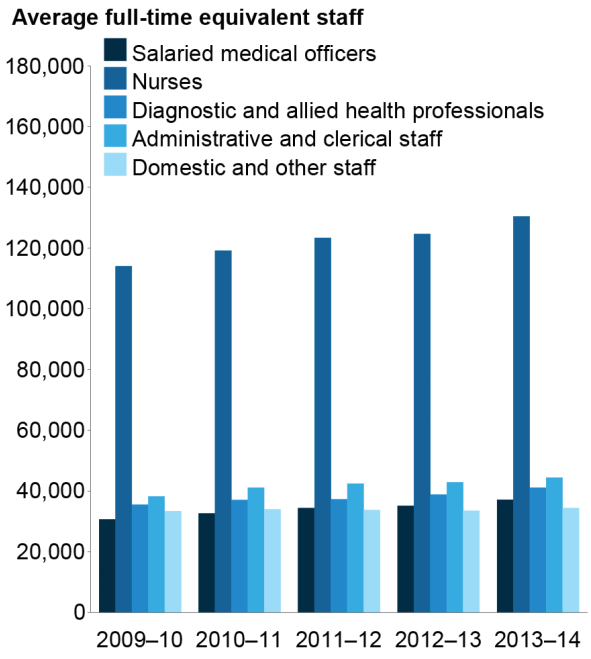


Figure 8: Average full-time equivalent staff, public hospitals, 2009–10 to 2013–14

For more information on public hospital staffing in each state or territory, see Chapter 5 of *Hospital resources 2013–14: Australian hospital statistics*.

Private hospitals

Australia's private hospitals employed 62,400 full-time equivalent staff in 2013–14, of these, 93% were employed in other private hospitals (ABS 2015).

Of the staff employed in other private hospitals:

- 57% were nurses
- 2% were salaried medical officers
- 5% were diagnostic and allied health professionals.

The staffing mix in private hospitals is somewhat different from that in public hospitals. This is because most medical services are not provided by hospital employees and the range of services provided is different.

For more information on private hospitals see *Australian hospital statistics 2012–13: private hospitals*.

What services do Australia's hospitals provide?

Australia's hospitals provide a range of services for

- **non-admitted patients:**
  - emergency department services
  - outpatient clinics
- **admitted patients**— including emergency and planned (elective) care, maternity services, and medical and surgical services.

Emergency department services

Emergency departments provide care for patients who may have an urgent need for medical, surgical or other care.

Most emergency department services are provided by public hospitals. In 2013–14 there were 33 private hospitals that reported almost 527,000 accident and emergency presentations (ABS 2015).

Public hospitals

Between 2009–10 and 2013–14, emergency department presentations increased by 4.8% on average each year.

In 2013–14, there were almost 7.2 million emergency department presentations in public hospitals, that is, over 19,700 presentations each day.

Who used these services?

In 2013–14, 51% of emergency department presentations were for males, who account for just under 50% of the population (Figure 9).

The most common age group reported for emergency department presentations was 0–4 years (12%), followed by 20–24 years (8%).

Variation in data on hospital services

There are national standards for data on hospital services. However, there are some variations in how hospital services are defined and counted, between public and private hospitals but also among the states and territories, and over time.

For example, admission practices vary for some services, such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals, and as non-admitted patients in other hospitals.

In addition, some services are provided by hospitals in some jurisdictions, and by non-hospital health services in others. The national data on hospital care does not include care provided by non-hospital providers, such as community health centres. More detailed information on these variations is in *Non-admitted patient care 2013–14: Australian hospital statistics*.

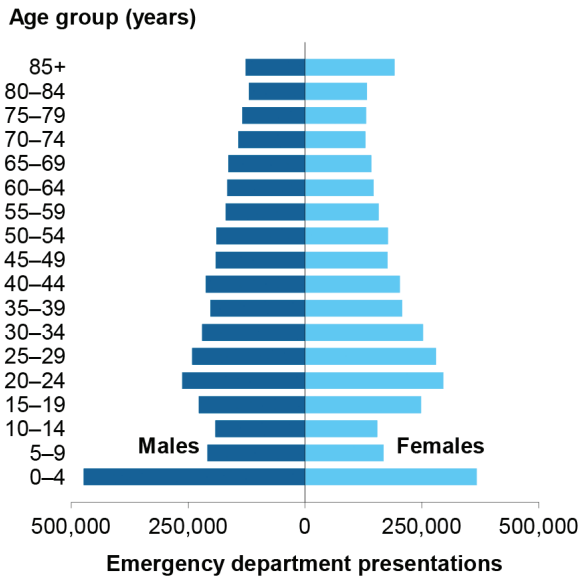


Figure 9: Emergency department presentations, by age group and sex, public hospital emergency departments, 2013–14

How urgent was the care?

When patients arrive at an emergency department they are assigned a triage category of either *Resuscitation* (should be treated immediately), *Emergency* (within 10 minutes), *Urgent* (within 30 minutes), *Semi-urgent* (within 60 minutes) or *Non-urgent* (within 2 hours).

In 2013–14, over half of patients were assessed as *Semi-urgent* or *Non-urgent*. Fewer than 1% of patients required immediate treatment.

Performance indicator: waiting times for emergency department care—proportion seen on time

Between 2009–10 and 2013–14, the proportion of patients seen on time improved from 70% to 75%, despite increasing numbers of emergency department presentations.

In 2013–14:

- 100% of Resuscitation patients were seen 'immediately' and 82% of Emergency patients were seen within 10 minutes
- the proportion seen on time varied between jurisdictions, ranging from 57% in the Northern Territory to 81% in New South Wales (Table 3).

For more information, see Chapter 3 of *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014c).

Table 3: Presentations to public hospital emergency departments and proportion (%) seen on time by triage category, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total presentations ('000)	2,646	1,573	1,352	743	463	148	126	145	7,196
Triage category					**%**				
Resuscitation	100	100	100	100	100	100	100	100	100
Emergency	83	84	80	86	74	85	83	61	82
Urgent	76	73	67	58	65	66	50	51	70
Semi-urgent	80	71	75	71	77	71	57	53	75
Non-urgent	94	88	92	94	92	90	86	89	92
Total	**81**	**75**	**73**	**70**	**73**	**72**	**61**	**57**	**75**

How was the care completed?

Most patients who go to the emergency department go home after treatment (65%). About 1 in 4 patients (28%) were admitted to hospital for further care.

In 2013–14, about 77% of *Resuscitation* patients were subsequently admitted compared with fewer than 4% of *Non-urgent* patients.

Length of stay is the amount of time between the patient presenting to the emergency department and when they left to go home, or were admitted to hospital.

Performance indicator: waiting times for emergency department care—proportion completed within 4 hours

In 2013–14:

- 73% of emergency department presentations were completed within 4 hours (Figure 10)
- this was an improvement compared with 67% completed within 4 hours in 2012–13
- the proportion completed within 4 hours varied between jurisdictions, ranging from 62% to 79% (Figure 10).

For more information, see Chapter 4 of *Australian hospital statistics 2013–14: emergency department care*.

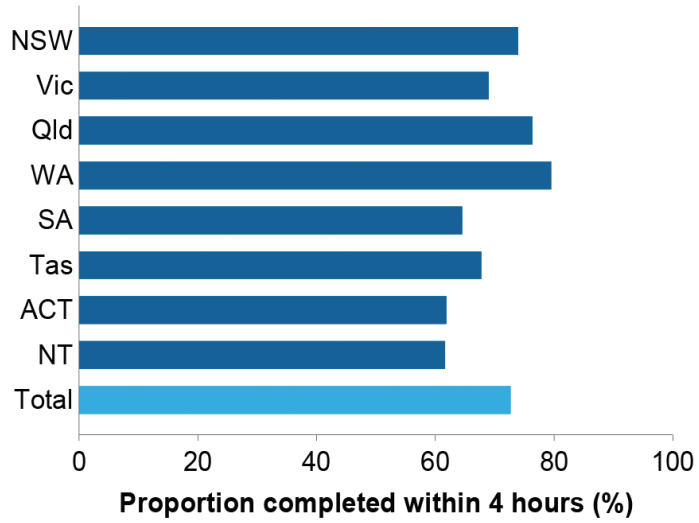


Figure 10: Proportion of presentations completed within 4 hours, public hospital emergency departments, states and territories, 2013–14

Performance indicator: admission to hospital from emergency departments

This indicator is also known by the common name of 'Access block indicator'. It includes the percentage of presentations for patients who go on to be admitted where the length of stay is less than or equal to 4 hours, and the length of stay at the 90th percentile.

In 2013–14:

- 45% of patients who were subsequently admitted to hospital were admitted within 4 hours (Figure 11)
- the proportion admitted within 4 hours varied between jurisdictions, ranging from 53% in Western Australia and Queensland to 22% in the Northern Territory.

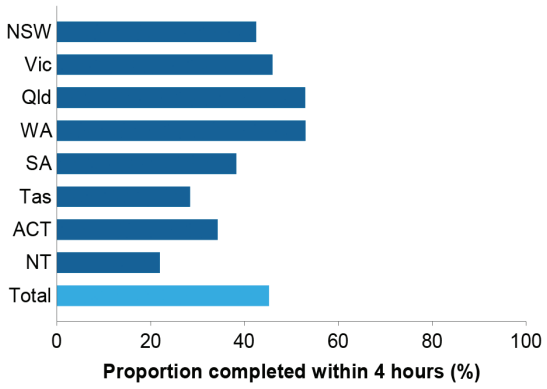


Figure 11: Admission to hospital from emergency department—percentage of presentations where the length of stay is less than or equal to 4 hours, states and territories, 2013–14

Between 2012–13 and 2013–14, the proportion admitted within 4 hours increased from 36% to 45%.

In 2013–14:

- 90% of patients who were subsequently admitted to hospital were admitted within 11 hours 49 minutes (Figure 12)
- the 90th percentile time to admission varied between jurisdictions, ranging from 8 hours 55 minutes for Western Australia to 19 hours and 44 minutes for the Northern Territory.

Between 2012–13 and 2013–14, the 90th percentile time to admission decreased from 13 hours and 41 minutes to 11 hours and 49 minutes.

For more information, see Chapter 4 of *Australian hospital statistics 2013–14: emergency department care*.

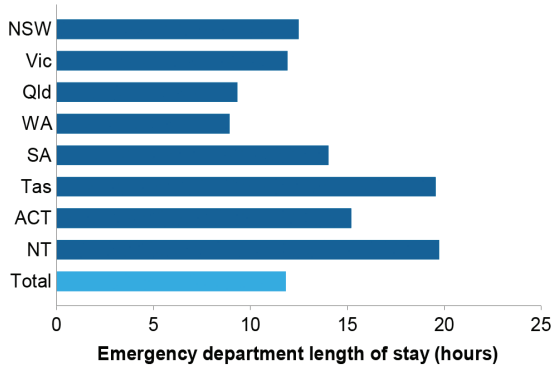


Figure 12: Admission to hospital from emergency department—emergency department length of stay at 90th percentile, states and territories, 2013–14

Non-admitted patient care

Non-admitted patient care includes emergency occasions of service for non-admitted patients, outpatient care (including specialist clinics) and other non-admitted patient care (such as the dispensing of medication, provision of diagnostic procedures, district nursing and community health services).

In 2013–14, about 46 million non-admitted patient occasions of service were reported by 558 public hospitals.

Outpatient care in public hospitals

In 2013–14, summary clinic-level information on outpatient care was provided by 357 public hospitals.

These included 11 million *Allied health and/or clinical nurse specialist interventions* and almost 9 million *Medical consultations* to determine the most appropriate treatment for a patient's condition. Medical consultations can result, for example, in the patient being placed on a waiting list for surgery (Figure 13).

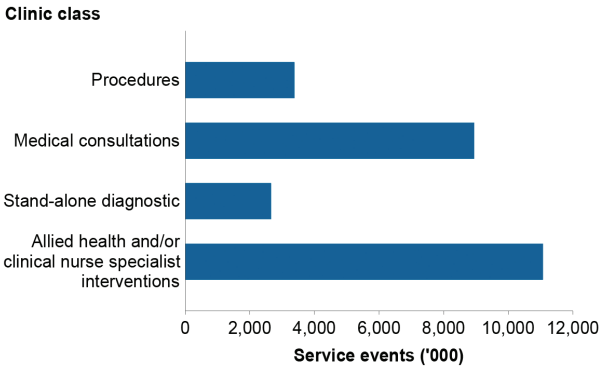


Figure 13: Individual service events by Tier 2 clinic classes, 2013–14

Five states and territories were able to provide demographic information about outpatient care services.

About 56% of these were for women (5.8 million) (Figure 14) and people living in Major cities accounted for about 70% of outpatient care service events.

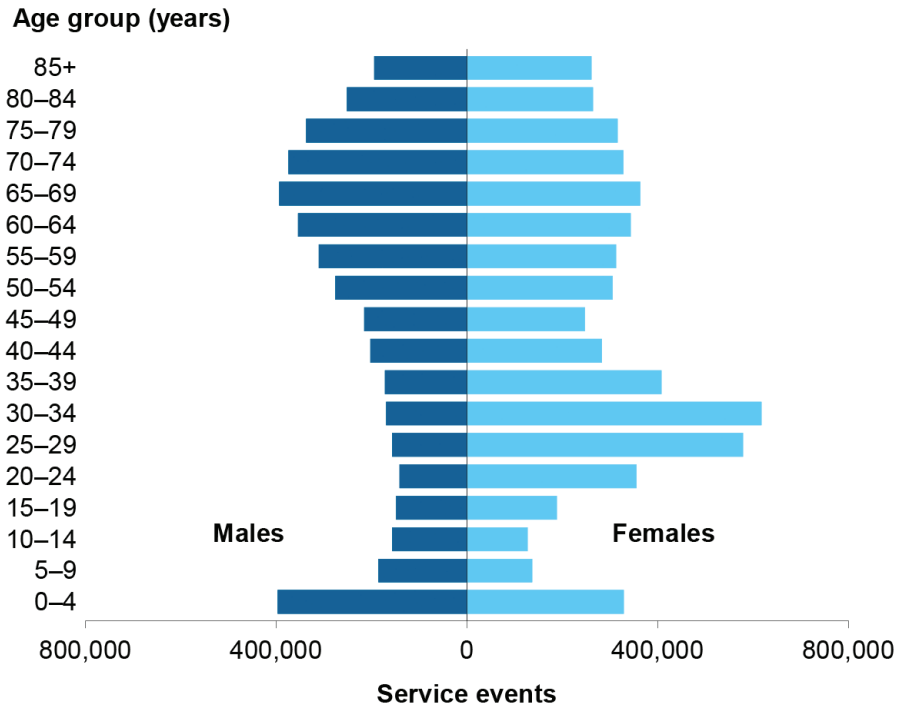


Figure 14: Individual service events by age group and sex, 2013–14

Admitted patient care

Admission to hospital is a formal process. It follows a medical officer's decision that a patient needs to be admitted for appropriate management or treatment of their condition, or for appropriate care or assessment of their needs.

Admitted patient services are either provided on a same-day basis or involve a stay in hospital overnight or longer.

Separations and patient days (the number of days of care provided) are useful measures of admitted patient services.

How much activity was there?

The main measure of admitted patient care provided in Australian hospitals is the number of separations, or episodes of admitted patient care. Because separations can vary in length, another useful measure is patient days.

Separations

Between 2009–10 and 2013–14:

- the number of separations increased by an average of 3.3% each year, faster than the population growth of about 1.6% over the same period
- same-day separations accounted for around 59% of the total.

In 2013–14, there were about 9.7 million separations from Australian hospitals (Table 4):

- 59% occurred in public hospitals, and half of these were same-day separations (2.9 million)
- 41% occurred in private hospitals, and about two-thirds were same-day separations (2.6 million) (Figure 15).

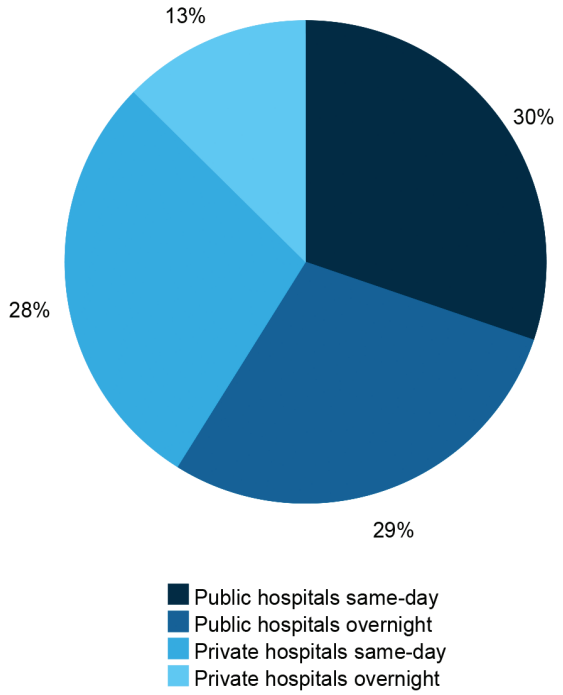


Figure 15: Same-day and overnight separations, public and private hospitals, 2013–14

Table 4: Separations ('000s), public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute	1,766	1,509	1,087	595	415	113	97	124	5,705
Public psychiatric	5	<1	<1	1	1	1	. .	. .	9
Total public hospitals	*1,772*	*1,510*	*1,087*	*596*	*416*	*114*	*97*	*124*	*5,715*
Private hospitals									
Private free-standing day hospitals	213	217	224	134	74	n.p.	n.p.	n.p.	876
Other private hospitals	887	762	760	341	236	n.p.	n.p.	n.p.	3,112
Total private hospitals	*1,100*	*979*	*984*	*475*	*310*	*n.p.*	*n.p.*	*n.p.*	*3,987*
All hospitals	**2,871**	**2,489**	**2,071**	**1,070**	**726**	**n.p.**	**n.p.**	**n.p.**	**9,702**

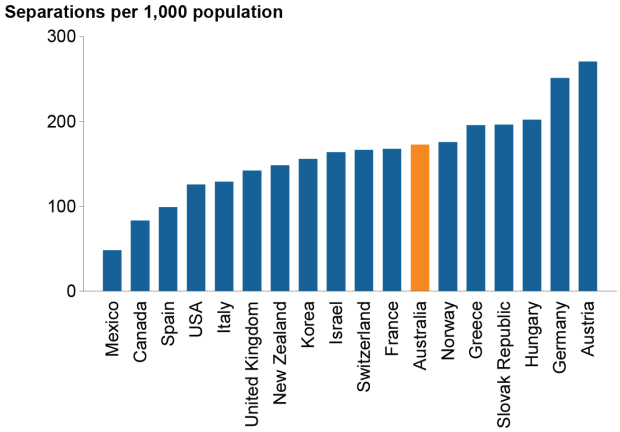
. . not applicable, n.p. not published.

How does Australia compare?

The number of overnight separations per 1,000 population in Australia for 2013–14 was in the middle of the range reported for other Organisation for Economic Co-operation and Development (OECD) countries in recent years (Figure 16) (OECD 2014).

Differences in definitions of hospitals, collection periods and admission practices are likely to affect the comparability of international separation rates.

For more international comparisons, see Chapter 2 of *Admitted patient care 2013–14: Australian hospital statistics*.



Note: Data for OECD countries vary in collection periods, by financial year and calendar year. Data are for 2011 and 2012 except for Korea (2013) and Australia (2013–14).

Figure 16: Overnight separations per 1,000 population, Australia, 2013–14 and selected OECD countries

Patient days

Between 2009–10 and 2013–14:

- the number of patient days increased by an average of 1.4% each year—from 26.4 million to 27.9 million
- the number of patient days in private hospitals increased by 2.3%, and the proportion of patient days that were in private hospitals increased from 31.3% to 32.5%.

In 2013–14, almost 27.9 million days of admitted patient care were spent in hospital and over two-thirds of these were in public hospitals (Table 5).

For more international comparisons, see chapters 2 and 6 of *Admitted patient care 2013–14: Australian hospital statistics*.

Table 5: Patient days ('000s), public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute	6,225	4,638	3,153	1,783	1,471	357	333	308	18,267
Public psychiatric	241	53	156	45	38	24	. .	. .	557
Total public hospitals	*6,465*	*4,691*	*3,309*	*1,828*	*1,509*	*381*	*333*	*308*	*18,824*
Private hospitals									
Private free-standing day hospitals	213	217	224	134	74	n.p.	n.p.	n.p.	876
Other private hospitals	2,275	2,160	2,058	810	568	n.p.	n.p.	n.p.	8,186
Total private hospitals	*2,488*	*2,377*	*2,282*	*944*	*642*	*n.p.*	*n.p.*	*n.p.*	*9,062*
All hospitals	**8,953**	**7,068**	**5,591**	**2,772**	**2,151**	**n.p.**	**n.p.**	**n.p.**	**27,886**

. . not applicable, n.p. not published.

Length of stay

Between 2009–10 and 2013–14, average lengths of stay for public acute and private hospitals fell slightly

- from 3.6 to 3.3 days in public hospitals, an annual average decrease of 2.0%
- from 2.4 to 2.3 days in private hospitals, an annual average decrease of 1.2%.

In 2013–14, the average length of stay was generally higher for subacute and non-acute care than for acute care. The average length of stay was:

- 2.8 days in public hospitals and 2.1 days in private hospitals for acute care (Figure 17)
- 16.2 days in public hospitals and 4.4 days in private hospitals for rehabilitation care.

For patients who spent at least 1 night in hospital, the average length of stay was 5.7 days for public hospitals and 5.1 days for private hospitals.

For more information on length of stay, see chapters 2 and 4 of *Admitted patient care 2013–14: Australian hospital statistics*.

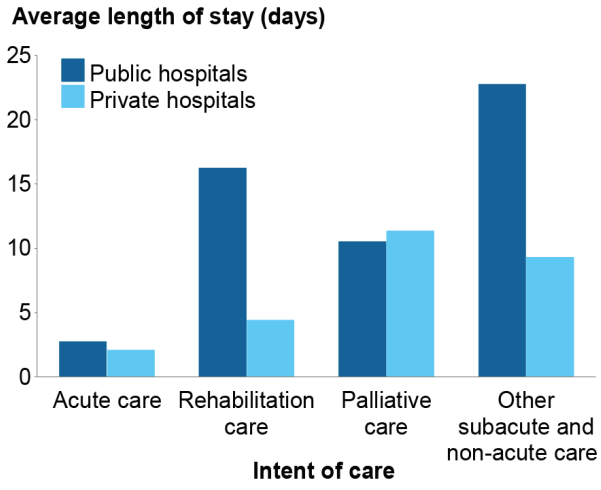


Figure 17: Average length of stay (days) by care type, public and private hospitals, 2013–14

Performance indicator: relative stay index

Relative stay indexes summarise the length of stay for admitted patients, with adjustments for 'casemix' (the types of patients treated and the types of treatments provided). They are regarded as indicators of the efficiency of hospitals.

A relative stay index greater than 1.0 indicates that an average patient's length of stay is higher than expected, given the casemix for the separations being considered. A relative stay index of less than 1.0 indicates that the length of stay was less than expected.

Overall in 2013–14, the relative length of stay was lower in public hospitals than in private hospitals.

There were relatively shorter lengths of stay for *Medical* separations in public hospitals (0.94, compared with 1.28 in private hospitals), and for *Surgical* separations in private hospitals (0.99, compared with 1.03 in public hospitals) (Figure 18).

For more information on relative stay indexes, see Chapter 2 of *Admitted patient care 2013–14: Australian hospital statistics*.

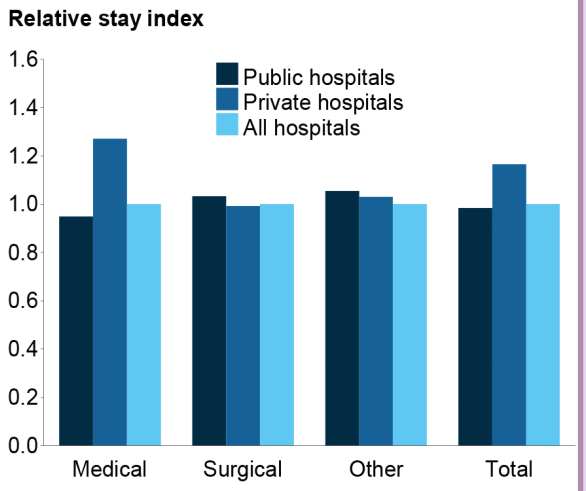


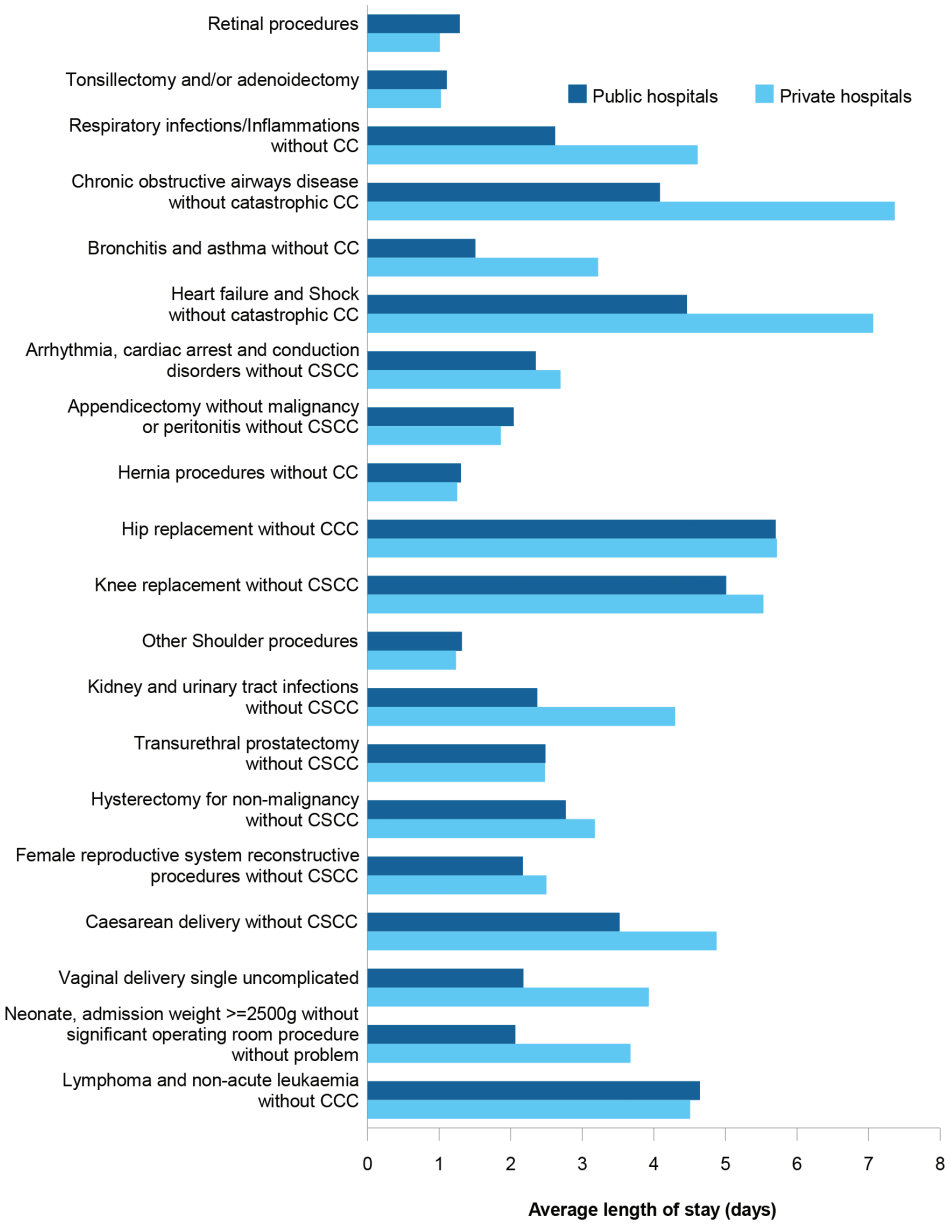
Figure 18: Relative stay index (directly standardised), for medical, surgical and other care, public and private hospitals, 2013–14

Performance indicator: average length of stay for selected types of separations

The average length of stay for selected types of separations is regarded as an indicator of the efficiency of hospitals.

There were notable differences (more than 1 day) in the average length of stay between public and private hospitals for seven of these types of separations. The average length of stay for chronic obstructive airways disease without catastrophic complications or comorbidities was 4.1 days for public hospitals and 7.4 days for private hospitals (Figure 19).

For more information on length of stay, see Chapter 2 of *Admitted patient care 2013–14: Australian hospital statistics*.



CC—complications and/or comorbidities; CCC—catastrophic complications and/or comorbidities; CSCC—catastrophic or severe complications and/or comorbidities.

Figure 19: Average length of stay (days) for selected types of separations, public and private hospitals, 2013–14

Who used these services?

Age group and sex

Between 2009–10 and 2013–14:

- separations for people aged 65 to 74 increased by 26% overall, an average annual increase of 6% each year
- separations for persons aged 85 and over increased by 28%, an average increase of 6% each year, faster than the population growth for this age group which was about 4.3% each year over the same period.

In 2013–14, there were 5.1 million separations for females and 4.6 separations for males. Overall:

- 40% of separations were for people aged 65 and over (Figure 20) (people aged 65 and over make up 13% of Australia's population), accounting for 48% of patient days
- 53% of separations were for females. Women aged 15 to 45 accounted for about 65% of separations for this age group.

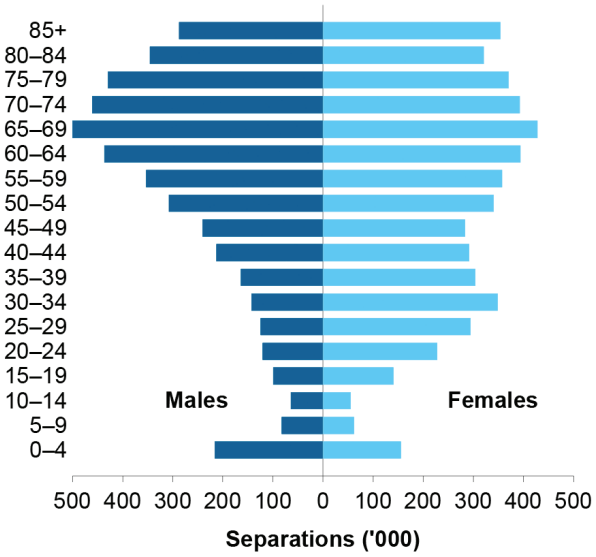


Figure 20: Separations, by age group and sex, all hospitals, 2013–14

Aboriginal and Torres Strait Islander people

In 2013–14, Aboriginal and Torres Strait Islander people were hospitalised at over twice the rate of other Australians (after accounting for age).

Aboriginal and Torres Strait Islander people were hospitalised:

- almost 2 times as often for overnight stays (Figure 21)
- almost 3 times as often for same-day care. However, if care for dialysis is excluded, Indigenous Australians were hospitalised for same-day care at a lower rate than for other Australians.

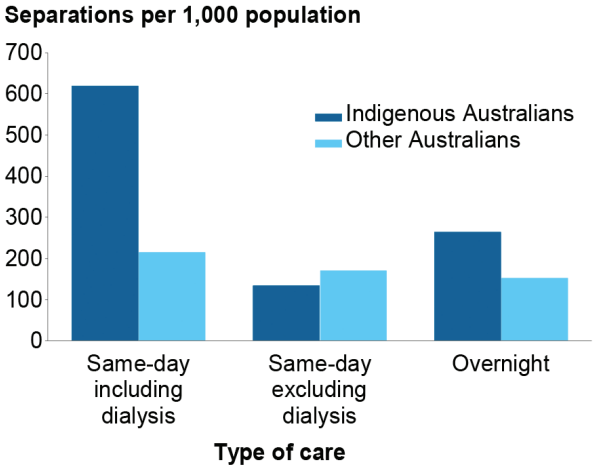


Figure 21: Separations per 1,000 population, by Indigenous status, all hospitals, 2013–14

Remoteness

Remoteness area categories divide Australia into areas depending on distances from population centres. Access to services can be measured by the number of separations per 1,000 population.

In 2013–14:

- overall, separation rates were highest for persons living in *Very remote* areas
- for public hospitals, the rates were highest for patients living in *Very remote* areas and lowest for patients living in *Major cities* (Figure 22)
- for private hospitals, the rates were highest for patients living in *Major cities* and lowest for patients living in *Very remote* areas
- the overnight separation rate in *Very remote* areas was 60% higher than the national rate.

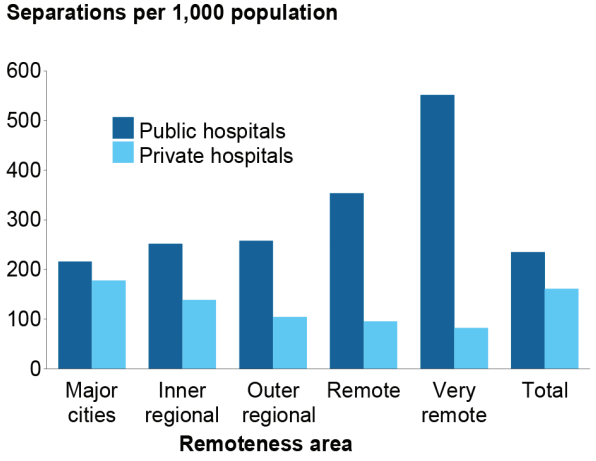


Figure 22: Separations per 1,000 population, by remoteness area of usual residence, public and private hospitals, 2013–14

Socioeconomic status

Data describing where patients live can be used to derive an approximation of their socioeconomic status which, in turn, can be categorised into five equal population groups of socioeconomic disadvantage/advantage. If use of admitted patient services is equal for all socioeconomic status groups, we would expect an equal number of separations for each group.

Overall, separations varied across the socioeconomic status groups and between public and private hospitals.

In 2013–14:

- for public hospitals, the rates were highest for patients living in areas classified as the lowest socioeconomic status group (Figure 23)
- for private hospitals, the rates were highest for patients living in areas classified as the highest socioeconomic status group.

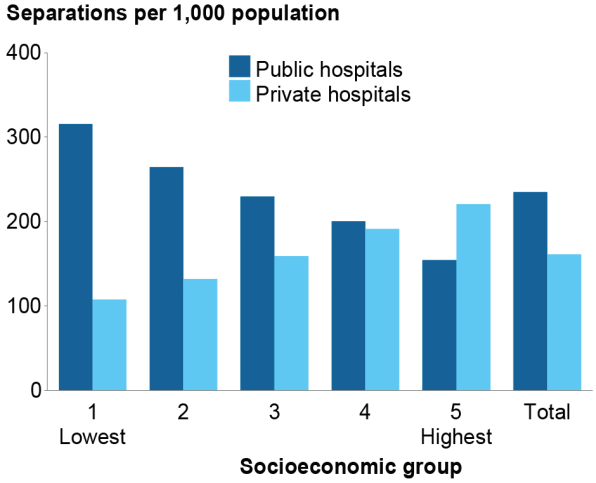


Figure 23: Separations per 1,000 population, by socioeconomic status of area of usual residence, public and private hospitals, 2013–14

Why did people receive care?

The reason that a patient receives admitted patient care can be described in a number of ways. These include the mode and urgency of admission, the type of care required and the principal diagnosis.

Mode of admission

Mode of admission can be categorised as:

- *Admitted patient transferred from another hospital*
- *Statistical admission: care type change* (a new admitted patient episode is created as a result of a change of clinical intent of care within the same hospital)
- *New admission to hospital* (all other planned and unplanned admissions where a patient was not transferred from another hospital did not have a *Statistical admission* in the same hospital).

In 2013–14:

- 94% of separations in public and private hospital had a mode of admission of *New admission to hospital*
- public hospitals reported about 5% of patients transferred from another hospital compared with about 3% in private hospitals.

Urgency of admission

Admissions to hospital can be categorised as *Emergency* (required within 24 hours), or *Elective* (required at some stage beyond 24 hours). Urgency is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis).

In 2013–14:

- private hospitals accounted for about 59% of *Elective* admissions and public hospitals accounted for about 92% of *Emergency* admissions
- 2 out of 5 public hospital separations were emergency admissions
- 1 out of 20 private hospital separations were emergency admissions (Figure 24).

For more information see Chapter 4 of *Admitted patient care 2013–14: Australian hospital statistics*.

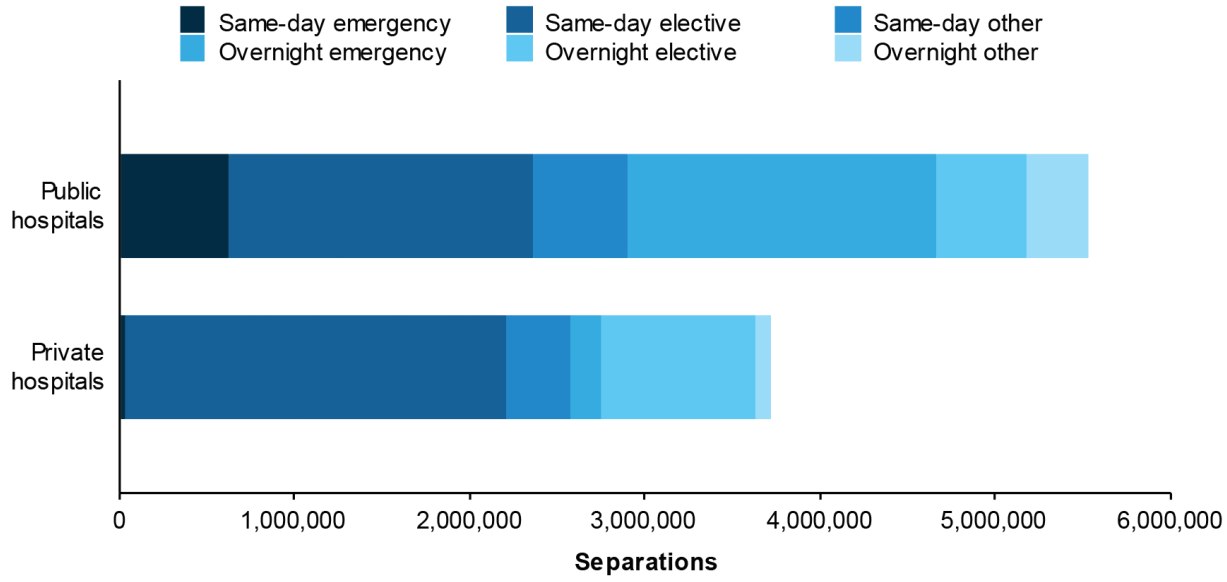


Figure 24: Separations by same-day/overnight status and urgency of admission, 2013–14

Care type

The care type can be classified as:

- Acute care, or
- Subacute and non-acute care (such as *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Maintenance care* and *Psychogeriatric care*).

Most hospital separations are for acute care, that is, care with the intent to cure the condition, alleviate symptoms or manage childbirth.

Between 2009–10 and 2013–14:

- the care types with the highest average increase per year were *Geriatric evaluation and management* in public hospitals and *Rehabilitation* in private hospitals
- the number of separations for acute care increased on average by 2.9% per year for public hospitals and by 3.2% for private hospitals
- *Rehabilitation* consistently accounted for about three quarters of subacute and non-acute separations.

In 2013–14:

- acute care was reported for 9.2 million separations and accounted for:
  - 95% of separations (Figure 25) and 84% of patient days (Figure 26) overall
  - 92% of separations and 85% of patient days for private hospitals
- subacute and non-acute care accounted for about 5% of all separations and 17% of patient days.

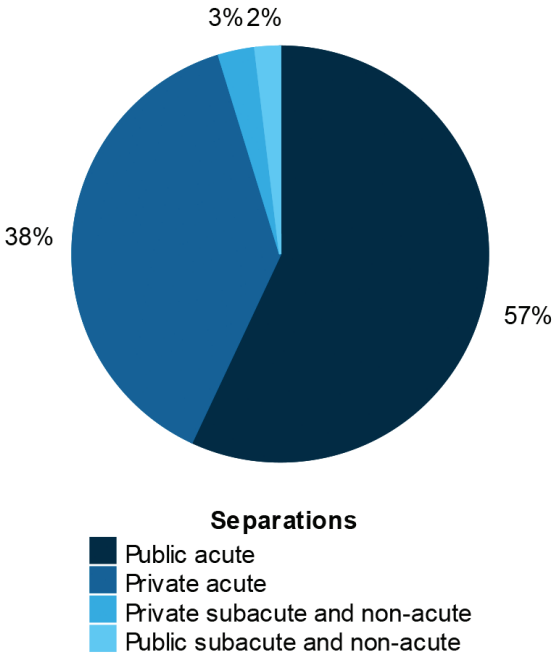


Figure 25: Separations by care type, public and private hospitals, 2013–14

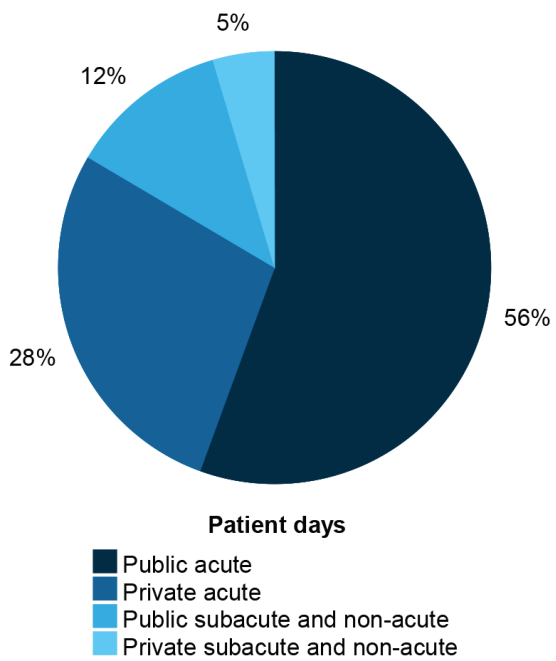


Figure 26: Patient days by care type, public and private hospitals, 2013–14

Principal diagnosis

The reason that a patient receives admitted patient care can be described in terms of a principal diagnosis or as a treatment for an ongoing condition (for example, dialysis for kidney failure).

In 2013–14:

- over 2.6 million separations had a principal diagnosis in the ICD-10-AM chapter titled *Factors influencing health status and contact with health services*—which includes dialysis, rehabilitation, radiotherapy, chemotherapy and palliative care
- the most common single reason for care was dialysis for kidney disease
- the most common principal diagnoses reported for overnight acute separations in public hospitals were *Single spontaneous delivery* and *Single delivery by caesarean section* followed by *Pain in throat and chest*
- the most common principal diagnosis for same-day acute separations in public and private hospitals was *Care involving dialysis*.

For more information about common principal diagnoses, see the infographic at the front of this report.

For more information on principal diagnoses for same day and overnight acute separations see Chapter 4 of *Admitted patient care 2013–14: Australian hospital statistics*.

Injury and poisoning

In 2013–14 about 6% of separations (624,000) were for injury or poisoning. The majority (81%) were treated in public hospitals. About 45% of these separations were for injuries to arms and legs.

Indigenous Australians were hospitalised for injury or poisoning at about twice the rate for other Australians.

Performance indicator: **potentially preventable hospitalisations**

Potentially preventable hospitalisations are separations that are thought to have been avoidable if timely and adequate non-hospital care had been provided, either to prevent the condition occurring, or to prevent the hospitalisation for the condition. They are identified based on the diagnoses reported for admitted patients and divided into three categories—vaccine-preventable, acute and chronic conditions.

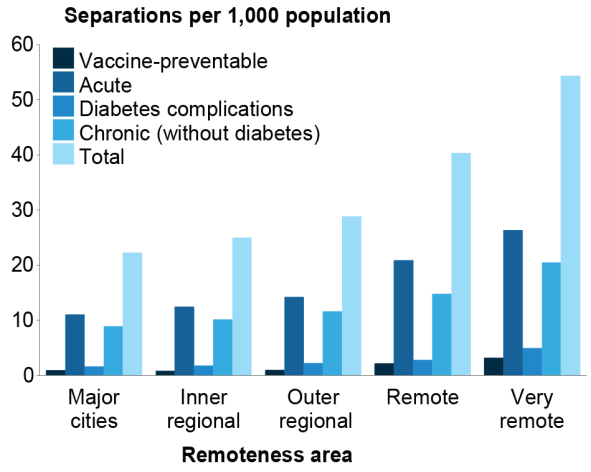


Figure 27: Potentially preventable hospitalisations by remoteness area of usual residence, all hospitals, 2013–14

Between 2009–10 and 2013–14:

- rates of individual potentially preventable hospitalisations fluctuated, however the overall rate fell from 25.3 per 1,000 population to 24.4 per 1,000 population
- rates of vaccine-preventable separations increased by 16%
- for chronic conditions, the rate decreased from 13.4 per 1,000 population to 11.2 per 1,000 population.

In 2013–14:

- 600,000 separations were thought to be potentially preventable—6.2% of all hospital separations
- for Indigenous Australians, the overall rate of potentially preventable hospitalisations per 1,000 population was over 3 times the rate for other Australians
- people living in *Very remote* areas had the highest rates of potentially preventable hospitalisations for chronic and acute conditions (Figure 27)
- the overall rate generally decreased with increasing levels of socioeconomic advantage.

For more information on potentially preventable hospitalisations, see Chapter 4 of *Admitted patient care 2013–14: Australian hospital statistics*.

Performance indicator: **waiting for residential aged care**

This indicator reports the number of hospital patient days taken up by Australians waiting for a residential aged care place.

In 2013–14:

- about 9.5 patient days per 1,000 patient days were for patients waiting for a residential aged care place
- waiting times were highest for patients residing in *Very remote* areas and for those in the two lowest socioeconomic status groups.

What services were provided?

Broad category of service

The broad categories of admitted patient service include *Childbirth*, *Specialist mental health*, *Medical* (not involving a procedure), *Surgical* (involving an operating room procedure), or a non-surgical procedure, such as endoscopy (*Other*).

In 2013–14:

- 70% of public hospital separations were for *Medical* care, and 4% were for *Childbirth* (Figure 28)
- 36% of private hospital separations were for *Surgical* care. *Specialist mental health* care was provided for 4% of private hospital separations
- about 45% of same-day acute separations were for *Non-emergency medical* care and about 39% of overnight acute separations were for *Emergency medical care*.

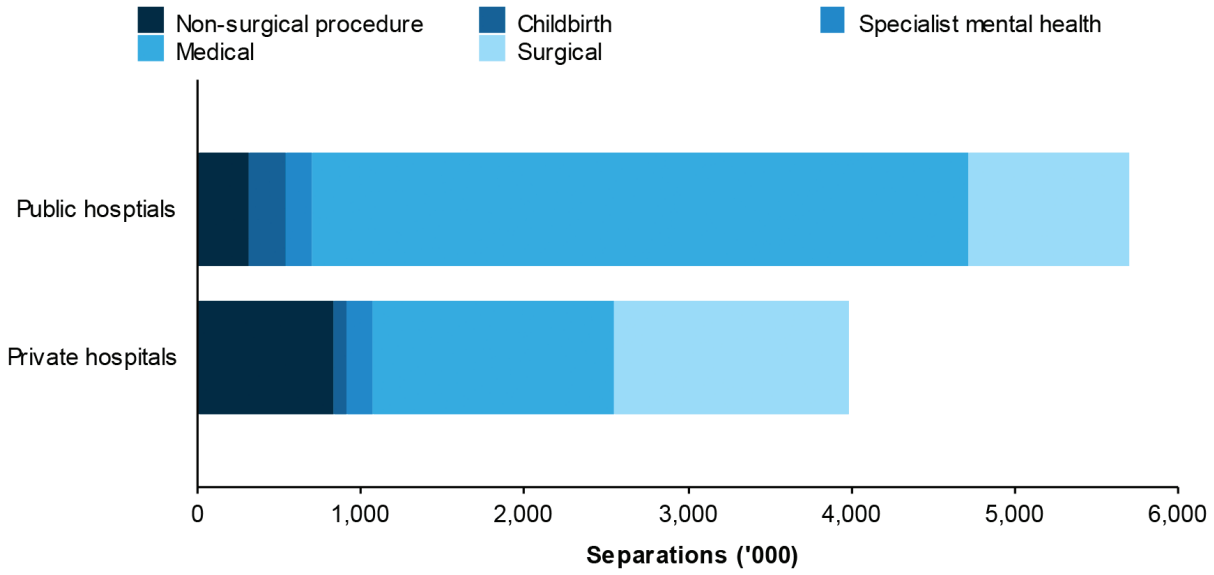


Figure 28: Separations ('000) by broad category of service, public and private hospitals, 2013–14

Intensive care

An intensive care unit can provide complex, multisystem life support. These units are located in tertiary referral centres and provide continuous mechanical ventilation, extracorporeal renal support and invasive cardiac monitoring for children or adults.

In 2013–14:

- about 127,000 separations involved a stay in an intensive care unit and 30% of these included a period of ventilator support
- the average duration of stay in an intensive care unit was almost 4 days in public hospitals and just over 2 days in private hospitals.

Rehabilitation care

Rehabilitation care, aimed at improved functioning, accounted for 1.7% of separations and 8.6% of patient days for public hospitals, and 6.3% of separations and 12.4% of patient days for private hospitals.

Between 2009–10 and 2013–14 Rehabilitation care increased by an average of 11% per year in private hospitals and by 5% per year in public hospitals.

In 2013–14:

- 355,000 separations were reported for Rehabilitation care, with 72% occurring in private hospitals
- the most common reasons for Rehabilitation care were osteoarthritis of the knee and hip and about 80% of separations for Rehabilitation care were for people aged over 60.

Palliative care

Palliative care is care in which the primary clinical purpose or treatment goal is to optimise the quality of life of a patient with an active and advanced life-limiting illness.

In 2013–14:

- there were almost 39,000 separations for Palliative care
- Indigenous Australians had almost twice the separation rates for Palliative care than other Australians
- the rate of Palliative care in public hospitals varied from 0.9 per 1,000 population for people living in areas classified as the highest socioeconomic status group to 1.5 per 1,000 for people living in areas classified as being in the lowest socioeconomic status group
- about 60% of Palliative care separations had a principal diagnosis related to neoplasm, other common principal diagnoses included heart failure and respiratory disorders.

How was the care completed?

Overall, about 92% of admitted patients are discharged home (to their place of usual residence) at the end of their episode of care. Almost 6% are transferred to some other health care accommodation, including another hospital. Less than 1% died.

In 2013–14, 95% of separations from private hospitals had a mode of separation of *Discharged home* compared with 89% in public hospitals (Figure 29). However, a larger proportion of separations from public hospitals were discharged to some other health care accommodation, including another acute or psychiatric hospital, residential aged care or other health care accommodation.

For more information about how the care was completed, see Chapter 5 of *Admitted patient care 2013–14: Australian hospital statistics*.

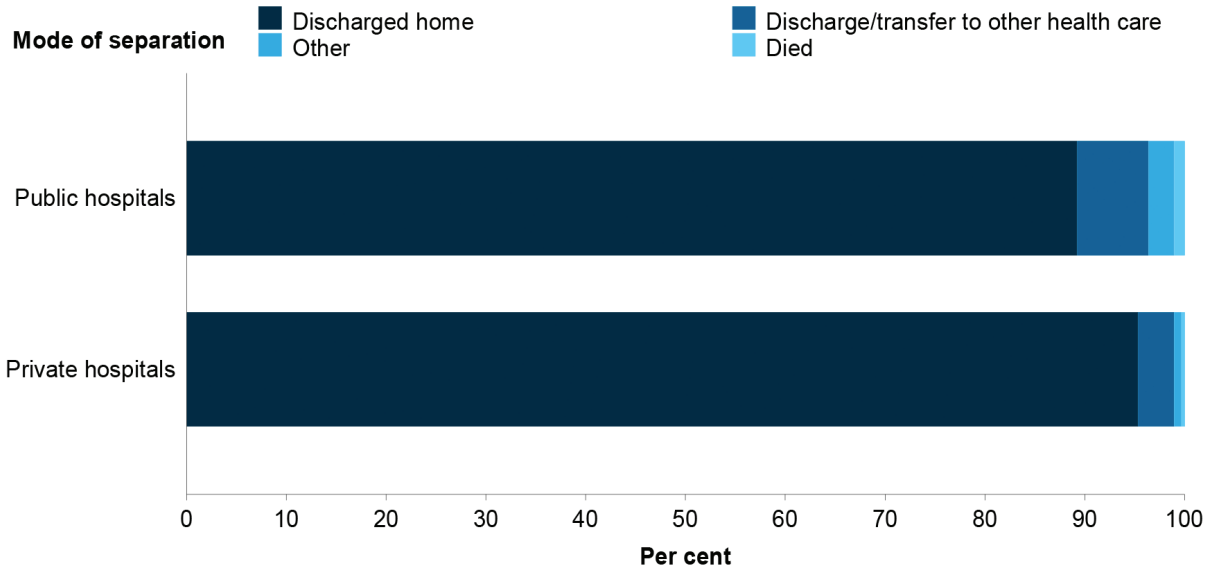


Figure 29: Proportion of separations by mode of separation, public and private hospitals, 2013–14

What procedures were performed?

Procedures reported for admitted patients can include surgical procedures, non operating-room procedures, procedures of a patient support nature and other interventions.

In 2013–14:

- about 19.1 million procedures were reported, 9.8 million in public hospitals and 9.2 million in private hospitals
- about 75% of public hospital separations and 95% of private hospital separations involved a procedure.

Performance indicator: rates of selected hospital procedures

The rates for these hospital procedures are presented as an indicator of appropriateness and may also be indicators of accessibility of care.

Figure 30 presents separations per 1,000 population for selected hospital procedures. The national rate is accompanied by the range of rates for these procedures by state or territory. There was some variation among states and territories for the selected procedures. For example, the national rate for cataract extraction was 8.9 per 1,000 population, but the state/territory rate ranged from 7.4 per 1,000 to 10.6 per 1,000 population.

For more information on surgical procedures, see Chapter 6 of *Admitted patient care 2013–14: Australian hospitals statistics*.

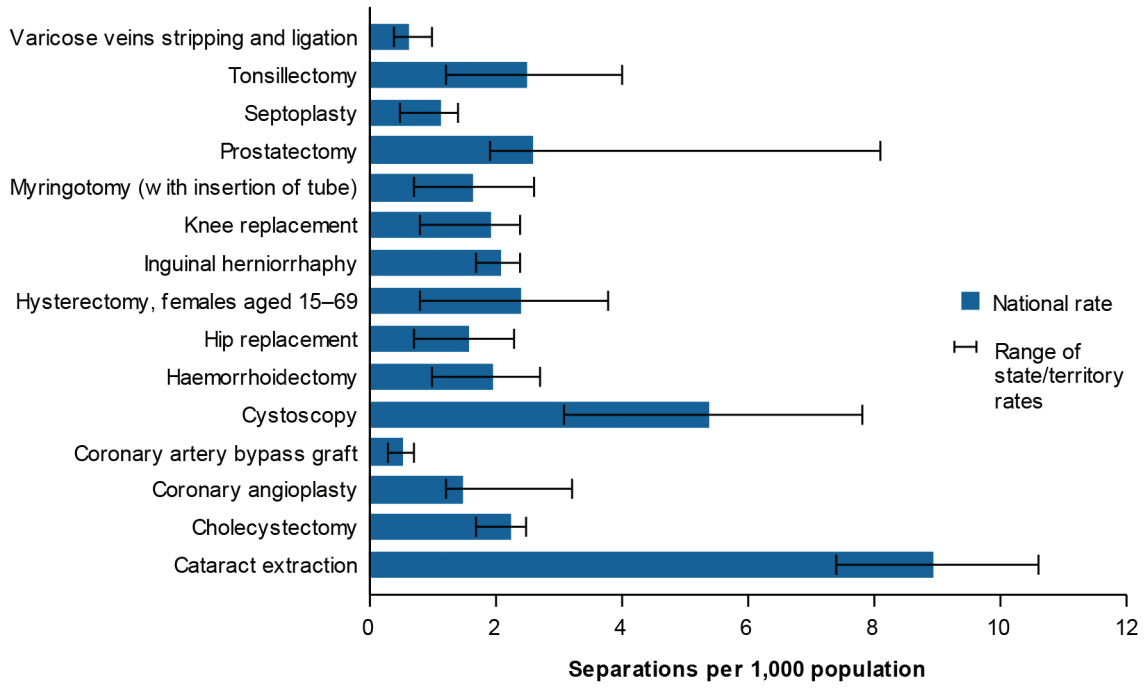


Figure 30: Separations per 1,000 population for selected hospital procedures, all hospitals, 2013–14

Who paid for the care?

In 2013–14:

- 50% of all separations were for public patients, who were not charged for their stay
- 42% of separations were funded by private health insurance
- about 4% of separations were self-funded.

For more information about admitted patient funding sources, see Chapter 7 of *Admitted patient care 2013–14: Australian hospital statistics*.

What was the safety and quality of the care?

Some information is available on the safety and quality of admitted patient care in hospitals, but this does not provide a complete picture. There is no routinely available information on some aspects of quality, such as continuity or responsiveness of hospital services.

Performance indicator: **adverse events**

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

In 2013–14:

- 5.6% of separations reported a diagnosis or external cause that indicated an adverse event had resulted in, or affected hospital admission
- adverse events were indicated for 6.7% of public separations and 4.1% of private hospital separations.

The number of separations that reported an adverse event per 100 separations was generally higher for:

- overnight separations—11.6% in public hospitals and 10.1% in private hospitals (Table 6)
- subacute and non-acute care (for which lengths of stay are typically longer)—10.5% compared with 5.4% for acute care separations
- emergency admissions—9.9% compared with 4.1% for non-emergency admissions.

Table 6: Separations with an adverse event per 100 separations, public and private hospitals, 2013–14

	Public hospitals	Private hospitals	Total
Separations with an adverse event	**381,734**	**164,810**	**546,544**
Separations with an adverse event per 100 separations			
Same-day separations	2.0	1.5	1.7
Overnight separations	11.6	10.1	11.2
Acute care separations	6.4	3.9	5.4
Sub- and non-acute care separations	15.1	7.2	10.5
Emergency admission	9.7	12.3	9.9
Non-emergency admission	4.5	3.7	4.1
Total	**6.7**	**4.1**	**5.6**

For more information on separations with adverse events, see Chapter 8 of *Admitted patient care 2013–14: Australian hospital statistics*.

Performance indicator: **Falls in hospital**

In 2013–14, more than 30,000 separations reported a fall resulting in harm that occurred in a health care service area. More falls per 1,000 separations were reported for public hospitals (4.2) than for private hospitals (1.6).

Performance indicator: **unplanned readmissions**

Unplanned or unexpected readmissions within 28 days of surgery are identified as those with a principal diagnosis related to an adverse event.

In 2013–14:

- rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy, Prostatectomy and Hysterectomy* (Figure 31)
- for *Cataract extraction*, fewer than 4 per 1,000 separations were followed by a readmission within 28 days.

For more information on unplanned or unexpected readmissions, see Chapter 8 of *Admitted patient care 2013–14: Australian hospital statistics*.

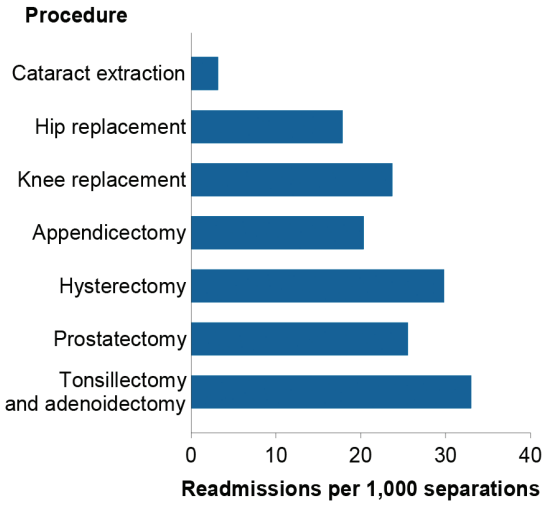


Figure 31: Unplanned/unexpected readmissions within 28 days of selected surgical procedures, public hospitals, 2013–14

Performance indicator: **healthcare-associated infections—*Staphylococcus aureus* bacteraemia in public hospitals**

Staphylococcus aureus bacteraemia (SAB), also known as golden staph bloodstream infection, is an important measure of the safety of hospital care. The aim is to have as few cases of SAB as possible. One of the most effective ways to minimise the risk of SAB and other healthcare-associated infections is good hand hygiene.

In 2013–14:

- 1,621 cases were reported for public hospitals over 18.6 million days of patient care under surveillance
- all states and territories had SAB rates below the national benchmark of 2.0 cases per 10,000 days of patient care (Figure 32)
- more than three-quarters of SAB cases were methicillin sensitive, and would have been treatable with commonly used antibiotics.

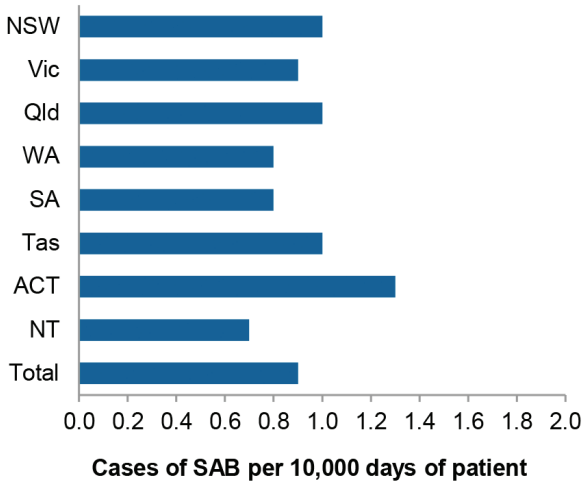


Figure 32: Cases of *Staphylococcus aureus* bacteraemia per 10,000 days of patient care in public hospitals, states and territories, 2013–14

For more information, see Staphylococcus aureus *bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics* (AIHW 2014d).

For more information on the safety and quality of the care, see Chapter 8 of *Admitted patient care 2013–14: Australian hospital statistics*.

Surgery in Australia's hospitals

In 2013–14:

- 25% of separations involved a surgical procedure (2.4 million)
- about 61% of surgical separations occurred in private hospitals.

In 2013–14, about 13% of surgical separations were emergency admissions and 83% were elective admissions. Of the remaining 6%, about 4 out of 5 were childbirth-related (Figure 33).

Emergency surgery

Between 2009–10 and 2013–14:

- the number of emergency admissions involving surgery increased by an average of 3.8% per year
- public hospitals accounted for 87% of emergency admissions involving surgery.

In 2013–14, there were about 305,000 emergency admissions involving surgery. The average length of stay for overnight emergency admissions involving surgery was 7.6 days. Nationally, there were 13 emergency admissions involving surgery per 1,000 population, ranging from 12 per 1,000 population in New South Wales to 15 per 1,000 in South Australia.

Elective surgery

Between 2009–10 and 2013–14 the number of elective admissions involving surgery rose by an average of 2.3% per year. This rise was higher in private hospitals (2.7%) than public hospitals (1.4%).

In 2013–14, there were almost 2.1 million elective admissions involving surgery in Australia's public and private hospitals. Public hospitals provided about 29 elective admissions involving surgery per 1,000 population and private hospitals provided about 57 per 1,000.

The average length of stay for overnight admissions involving surgery was 3.4 days.

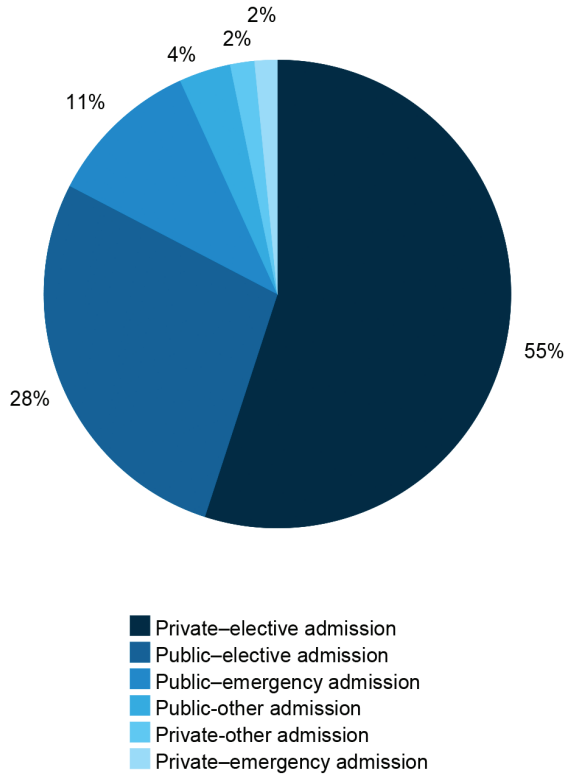


Figure 33: Admissions involving surgery by urgency of admission, public and private hospitals, 2013–14

For more information on admissions involving surgery see Chapter 5 of *Admitted patient care 2013–14: Australian hospitals statistics*.

How many patients were admitted from elective surgery waiting lists?

In 2013–14, almost 700,000 patients were admitted from public hospital elective surgery waiting lists:

- 1 in 4 was admitted for general surgery
- 1 in 7 was admitted for orthopaedic surgery.

Performance indicator: **waiting times for elective surgery**

Waiting times for elective surgery are an indicator of the provision of timely care.

In 2013–14:

- 50% of patients who had been placed on a public hospital elective surgery waiting list waited 36 days or less to be admitted for their surgery
- almost 2.5% of patients waited more than 1 year
- 50% of patients waiting for a coronary artery bypass graft were admitted within 18 days (Figure 34)
- 50% of patients waiting for a total knee replacement were admitted within 194 days
- the median waiting time varied between states and territories, ranging from 28 days in Queensland to 49 days in New South Wales (Table 7)
- patients with cancer-related principal diagnoses had shorter waiting times (50% admitted within 17 days) than for patients overall (50% admitted within 37 days) (Figure 35).

For more information, see Chapter 3 of *Australian hospital statistics 2013–14: elective surgery waiting times* AIHW 2014e).

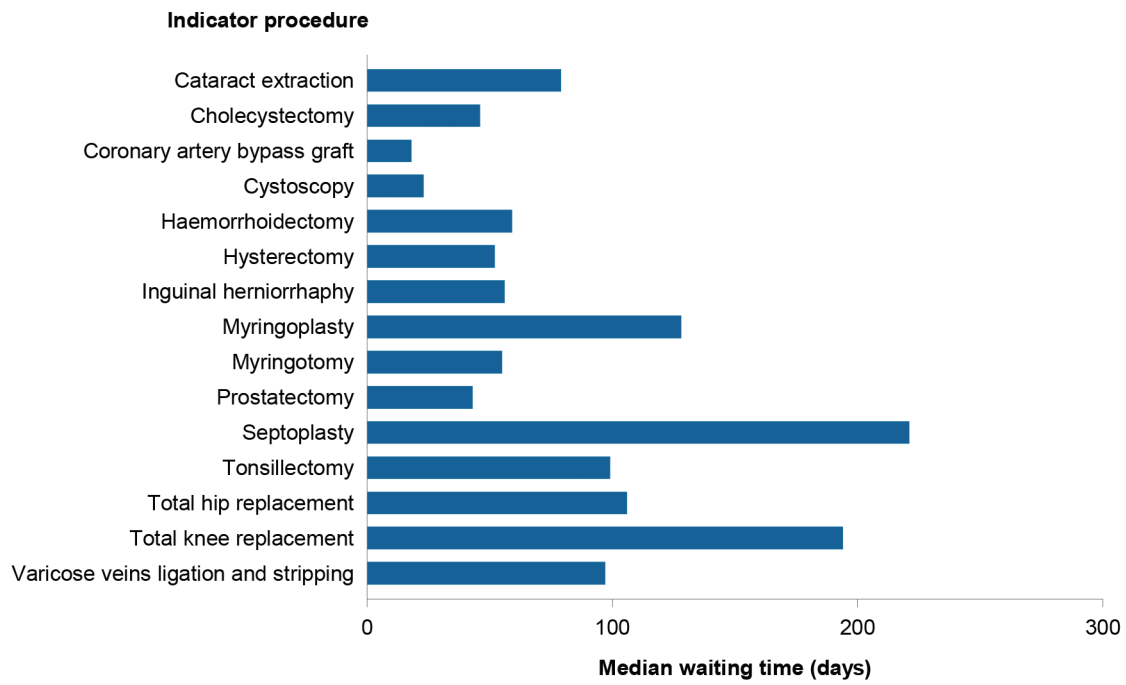


Figure 34: Median waiting times for elective surgery, by procedure, public hospitals, 2013–14

Table 7: Admissions ('000) from elective surgery waiting lists, public hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total admissions ('000)	217	170	127	87	63	15	12	8	699
Waiting time statistics									
50th percentile time to admission (days)	49	35	28	29	35	45	48	36	36
90th percentile time to admission (days)	329	222	186	142	180	401	270	183	262
Per cent waited more than 365 days (%)	1.8	3.2	2.8	0.7	0.8	11.5	4.7	2.8	2.4

Continued

Performance indicator: **waiting times for elective surgery** (continued)

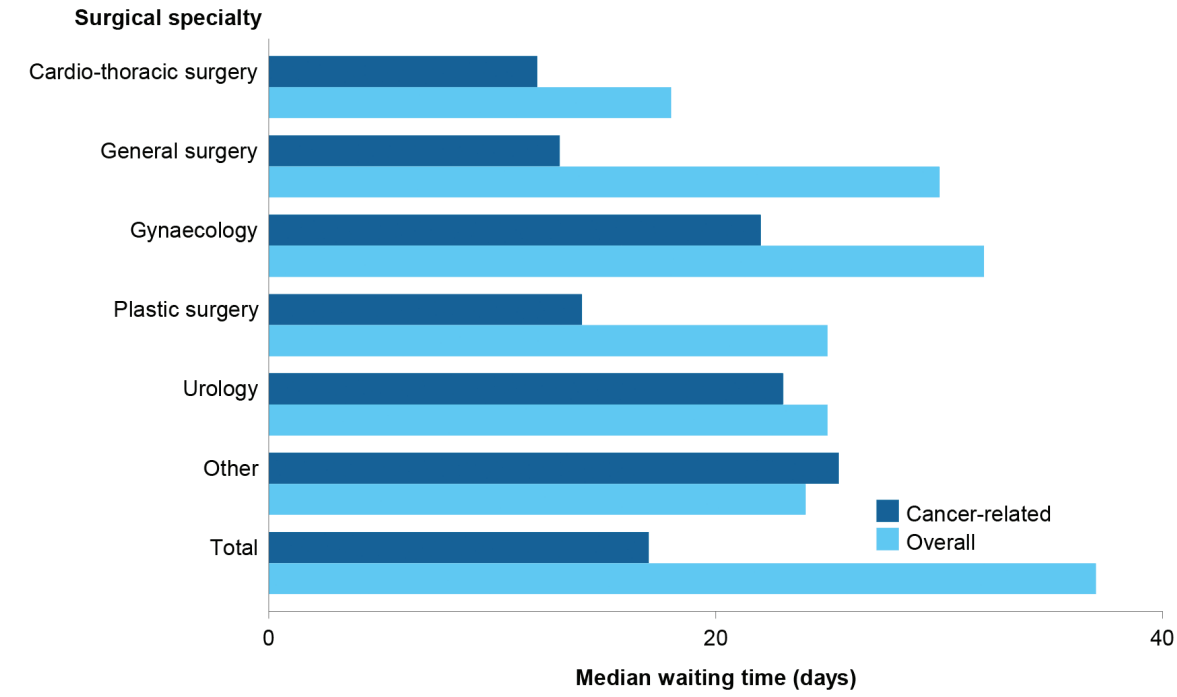


Figure 35: Median waiting times, overall and cancer-related, by specialty of surgeon, public hospitals, 2013–14

Related information

More detailed statistics, and more information on how to interpret the data here can be found in:

AIHW 2014: *Staphylococcus aureus* bacteraemia in Australian hospitals: Australian hospital statistics 2013–14. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.

AIHW 2014: Australian hospital statistics 2013–14: emergency department care. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.

AIHW 2014: Australian hospital statistics 2013–14: elective surgery waiting times. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW.

AIHW 2015: Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.

It includes information on:

- activity in Chapter 2
- who used hospital services in Chapter 3
- why did people receive care in Chapter 4
- what services were provided in Chapter 5
- what procedures were performed in Chapter 6
- costliness and funding in Chapter 7
- safety and quality of care in Chapter 8.

AIHW 2015: Non-admitted patient care 2013–14: Australian hospital statistics. Health services series no. 62. Cat. no. HSE 159. Canberra: AIHW.

It includes information on:

- emergency services in Chapter 2
- outpatient care in Chapter 3
- other non-admitted patient care in Chapter 4.

AIHW 2015: Hospital resources: Australian hospital statistics 2013–14. Health services series no. 63. Cat. no. HSE 160. Canberra: AIHW.

It includes information on:

- how many hospitals in Chapter 2
- diversity of public hospitals in Chapter 3
- funding and hospital expenditure in Chapter 4
- staff employed in hospitals in Chapter 5.

Data quality statements relevant to the data sources used in this report are available online at <meteor.aihw.gov.au>.

Further detail is also available in spreadsheets and in interactive data cubes at <www.aihw.gov.au>.

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AIHW 2014a. Health expenditure Australia 2012–13. Health and welfare expenditure series no. 52. Cat. no. HWE 61. Canberra: AIHW.

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AIHW 2014c. Australian hospital statistics 2013–14: emergency department care. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.

AIHW 2014d. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.

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AIHW 2015b. Non-admitted patient care 2013–14: Australian hospital statistics. Health services series no. 62. Cat. no. HSE 159. Canberra: AIHW.

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Any enquiries about or comments on this publication should be directed to:

Digital and Media Communications Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1000
Email: info@aihw.gov.au

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Australia's hospitals 2013–14 at a glance provides information on Australia's public and private hospitals. In 2013–14, there were 9.7 million hospitalisations, including 2.5 million involving surgery. Public hospitals provided care for 7.2 milllion presentations to emergency departments, with 74% of patients seen within recommended times for their triage category and about 73% were completed within 4 hours.

This publication is a companion to the 2013–14 Australian hospital statistics suite of publications.