

Australian hospital statistics 1999–00

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HEALTH SERVICES SERIES

Number 17

Australian hospital statistics 1999–00

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. HSE 14

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This publication is part of the Australian Institute of Health and Welfare's Health Services Series. A complete list of the Institute's publications is available from the Publications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site (<http://www.aihw.gov.au>).

This publication is at <http://www.aihw.gov.au/publications/hse/ahs99-00/index.html>

ISSN 1036-613X

ISBN 1 74024 113 4

Suggested citation

Australian Institute of Health and Welfare (AIHW) 2001. Australian hospital statistics 1999–00. AIHW cat. no. HSE 14. Canberra: AIHW (Health Services Series no. 17).

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Published by Australian Institute of Health and Welfare

Printed by National Capital Printing

Foreword

The Institute is pleased to be able to present this comprehensive report on Australia's public hospitals and on the admitted patient activity of the public and private sectors in 1999-00. As in previous reports in this series, included are key statistics from the Institute's National Hospital Morbidity Database and National Public Hospital Establishments Database, compiled each year with the assistance of data providers in the State and Territory health authorities.

Included is detailed information on the activity and costs of Australia's 748 public hospitals, grouped into 15 peer groups, and a range of other hospital performance indicator, expenditure and resource statistics on a State and Territory basis.

Diagnosis, procedure and external cause information for admitted patients was provided for this report by all States and Territories using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM). This marks a major improvement in uniformity in Australian hospital statistics, following a year in which this classification was used in some States and Territories and its predecessor was used in others. Diagrams illustrate the relationships between these data on diagnoses and procedures and other data provided for the almost 6 million admitted patient episodes in Australian hospitals in 1999-00.

Accompanying the report on the Institute's Internet site is a growing collection of related statistical information that is not included in the hard copy form of the publication. Also available on the Internet site are interactive cubes of data from the National Hospital Morbidity Database that allow users to specify their own tables relating to the principal diagnoses and Diagnosis Related Groups for admitted patients. This resource is being expanded and will encompass other admitted patient data over coming months.

Although this report is the Institute's seventh annual hospital statistics report, it remains a challenge for the Institute and the data providers to collate the data and produce the report within 12 months of the end of the year to which it relates. The Institute will continue to work with the data providers and the Australian Hospital Statistics Advisory Committee to maintain timeliness, and to improve the quality and usefulness of this report. Comments from readers are always welcome.

Richard Madden
Director
June 2001

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Acknowledgments

This report would not have been possible without the valued cooperation and efforts of the data providers: the health authorities of the States and Territories and individual public and private hospitals (see Appendix 5). The Institute thanks them for their timely supply of the data, validation of the Institute's databases and assistance in the preparation of this report.

The Institute's Australian Hospital Statistics Advisory Committee has also been of great assistance in this project. Members of the Committee are:

- Geoff Sims (AIHW) (Chair)
- John Agland (New South Wales Health Department)
- Paul Basso (South Australian Department of Human Services)
- Jo Bothroyd (Department of Health and Aged Care's National Hospital Cost Data Collection)
- Ron Casey (Australian Bureau of Statistics)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
- Bruce Dunn (Territory Health Services)
- Heather Fox (Australian Bureau of Statistics)
- Phil Hagan (Commonwealth Department of Health and Aged Care)
- Nellie Hall (New South Wales Health Department)
- Chris Kelman (Commonwealth Department of Health and Aged Care)
- Leon Kempen (Australian Healthcare Association)
- Gary Kennedy (Australian Capital Territory Department of Health and Community Care)
- Lawrence Kinne (Tasmanian Department of Health and Human Services)
- Raina MacIntyre (National Centre for Immunisation Research & Surveillance of Vaccine Preventable Diseases, New Children's Hospital Westmead)
- Ric Marshall (Victorian Department of Human Services)
- Rosemary Roberts (National Centre for Classification in Health)
- Murray Rye (Department of Veterans' Affairs)
- Tony Sansom (Tasmanian Department of Health and Human Services)
- Tony Satti (Western Australian Department of Health)
- Sue Walker (National Centre for Classification in Health)
- Onno van der Wel (Casemix Information Development Exchange group - CIDEX)
- Bill Weir (Department of Veterans' Affairs)

Within the Institute, the report was prepared by Bree Cook, John Goss, Narelle Grayson, Jenny Hargreaves and Ruth Penm. Geoff Davis, Prema Oragullu, Rod Hall and Kay Grzadka prepared and managed the databases, and Afzal Hossain and Alannah Smith provided other assistance. Amanda Nobbs and Nigel Harding coordinated the printing and publication process.

Jenny Hargreaves and John Goss managed the project.

List of abbreviations

ABS	Australian Bureau of Statistics
ACHS	Australian Council on Healthcare Standards
AGPS	Australian Government Publishing Service
AHSAC	Australian Hospital Statistics Advisory Committee
AIHW	Australian Institute of Health and Welfare
ALOS	Average length of stay
AN-DRG	Australian National Diagnosis Related Group
AN-SNAP	Australian National Sub-Acute and Non-Acute Patient Classification
AR-DRG	Australian Refined Diagnosis Related Group
ASCCSS	Australian Standard Classification of Countries for Social Statistics
ASGC	Australian Standard Geographical Classification
CC	Complications and co-morbidities
CDE	Common bile duct exploration
CGC	Commonwealth Grants Commission
CHASP	Community Health Accreditation and Standards Program
DHAC	Commonwealth Department of Health and Aged Care
Dis.	Diseases
DPIE	Department of Primary Industry and Energy
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
ECMO	Extracorporeal membrane oxygenation
Exp.	Exposure to
FTE	Full time equivalent
HASAC	Health and Allied Services Advisory Council
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
IFRAC	Admitted patient fraction
ISO	International Standards Organisation
mal.	Malignant
MDC	Major Diagnostic Category
MPS	Multi-purpose Service
n.a.	Not available
NCCH	National Centre for Classification in Health
Nec	Not elsewhere classified
NHCDC	National Hospital Cost Data Collection
NHPA	National Health Priority Area

n.p.	Not published
OECD	Organisation for Economic Cooperation and Development
Op.	Operation
Procs	Procedures
Re.	Related to
RMOs	Resident medical officers
RRMA	Rural, Remote and Metropolitan Area
SACC	Standard Australian Classification of Countries
SCRCSSP	Steering Committee for the Review of Commonwealth/State Service Provision
SLA	Statistical Local Area
VMO	Visiting medical officer
W	With
W/O	Without
..	Not applicable

Highlights

Australian Hospital Statistics 1999–00 is the seventh Australian Institute of Health and Welfare annual summary reports describing the characteristics and activity of Australia's hospitals. It summarises 1999–00 data reported to the Institute's National Public Hospital Establishments Database and National Hospital Morbidity Database.

Hospital performance indicators

- Nationally, the cost per casemix-adjusted separation in public hospitals was \$2,728. This figure is a measure of the average cost of providing care for an admitted patient, adjusted for the relative complexity of the patient's condition and hospital services provided. Non-medical labour (\$1,454) and medical labour (\$502) were large components of the cost.
- Victoria reported the lowest cost per casemix-adjusted separation (\$2,529) and the Northern Territory reported the highest (\$3,444). Principal referral and specialist women's and children's hospitals had an average cost per casemix-adjusted separation of \$2,831. For small rural acute care hospitals, the average cost was \$2,604.
- There was considerable variation between the States and Territories in separation rates for some procedures. For example, coronary artery bypass grafts were reported for New South Wales residents at a rate 25% higher, and for Western Australian residents at a rate 27% lower, than the rates for the other jurisdictions combined.
- The average length of stay for 9 of the top 10 overnight stay AR-DRGs was higher in private hospitals compared with public hospitals. For example, for O60D *Vaginal delivery without complicating diagnosis*, it was 3.1 days in public hospitals and 4.8 days in private hospitals.

Hospitals, beds, staff and expenditure

- There were 724 public acute hospitals and 24 public psychiatric hospitals in Australia in 1999–00. Numbers of hospitals can vary from year to year, often because of changes in administrative arrangements. A more useful indicator of the quantum of hospital services is the number of available beds. In 1999–00 there were 52,947 public hospital beds, a decline from the 53,885 beds reported in the previous year.
- Nurses made up 45.1% of total full time equivalent staff of public hospitals, with salaried medical officers comprising 9.5%.
- Total recurrent expenditure of public hospitals in Australia in 1999–00, excluding depreciation, was \$14,350 million, or about \$753 per person. Salaries and wages totalled \$8,935 million, 62% of the total.

Patient numbers and lengths of stay

- The number of admissions to public and private hospitals continues to increase. There was a total of 5.9 million separations in 1999–00, an increase of 2.8% compared with 1998–99.
- Between 1998–99 and 1999–00, separations from public acute hospitals increased by 0.4% to 3.9 million. From private hospitals, they increased by about 6.8% (adjusted for changes in coverage of the data collection) to 2.0 million. The private hospitals' share of overall patient separations was 34.3% in 1999–00, compared with 32.7% in 1998–99.

- Patient days in public acute hospitals increased by 0.6% compared with 1998–99, to 15.1 million. Private hospital patient days increased by 5.1%, to 6.4 million, 28.1% of the total.
- The average length of stay in private hospitals decreased in 1999–00, to 3.1 days from 3.2 days in 1998–99, following the overall pattern of decline shown in previous years. The average length of stay in 1999–00 was the same as in 1998–99 in public acute hospitals (3.9 days) and for non-same day separations in all hospitals combined (6.6 days).
- The proportion of separations that were same day was 49.2% overall (compared with 47.9% in 1998–99), 45.8% in public acute hospitals and 56.2% in private hospitals.

Patient characteristics

Public and private patients

- Public patients accounted for 3.5 million separations in 1999–00 (58.9% of the total), an increase of 1.5% compared with 1998–99. Most were in public hospitals, but 2.3% were in private hospitals, compared with 1.6% in 1998–99.
- Private patients accounted for 2.0 million separations in 1999–00 (33.8% of the total), an increase of 6.1% compared with 1998–99. The proportion of these in public hospitals was 14.9%, compared with 17.0% in 1998–99.

Age, sex and Aboriginal and Torres Strait Islander status

- Australians aged over 65 years, comprising 12% of the total population, accounted for 32.5% of total hospital separations and 47.7% of patient days. The average length of stay for these patients was 5.6 days, compared with 3.8 days for all patients.
- Females accounted for 53.7% of separations in 1999–00 although they comprised 50.2% of the population. There were more separations for females than males in all age groups from 15 to 54 years (which include child-bearing ages for women) and in the 75 years and over age groups, in which women outnumber men in the population.
- Aboriginal and Torres Strait Islander peoples had twice as many separations per 1,000 population of other persons, after allowing for age structure. This is likely to be an underestimate because the identification of Aboriginal and Torres Strait Islanders as patients is incomplete.

Diagnoses, procedures, external causes and AR-DRGs

- Commonly reported principal diagnoses in both the public and private sectors included dialysis, rehabilitation, chemotherapy for cancer, angina pectoris, cataract, abdominal and pelvic pain, pain in throat and chest, and gastro-oesophageal reflux disease.
- For 78.2% of separations, there was an operation or other procedure reported. In public hospitals, allied health interventions and procedures on the urinary system were the most commonly reported. In private hospitals, procedures on the digestive system were the most common, followed by allied health interventions.
- Falls were commonly reported external causes of injury for both the public and private sectors, as were exposures to mechanical forces and transport accidents.
- L61Z *Admit for renal dialysis* was the most commonly reported AR-DRG in the public sector, (12.1% of public hospital separations) and G44C *Other colonoscopy, same day* was the leading AR-DRG in the private sector (6.7% of separations). Other high volume AR-DRGs included R63Z *Chemotherapy* and O60D *Vaginal delivery without complicating diagnosis*.