

6 Admitted patient care: overview

This chapter draws on data from the NHMD to present an overview of admitted patient care in Australia's hospitals.

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

- same-day acute admitted patient care (Chapter 7)
- overnight acute admitted patient care (Chapter 8)
- surgery for admitted patients (Chapter 9)
- subacute and non-acute care (Chapter 10).

What data are reported?

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

Administrative data provide information on:

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

Demographic data provide information on the patient's:

- age
- sex
- Indigenous status
- remoteness area of usual residence
- SES of area of usual residence.

Clinical data provide information on:

- the type of care provided
- principal and additional diagnoses, and external causes of injury or poisoning
- procedures or interventions
- AR-DRGs.

Terms relevant to admitted patient care data are summarised in Box 6.1.

Box 6.1: Summary of terms and classifications relating to admitted patient care

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

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

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

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

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

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

Australian Refined Diagnosis Related Groups (AR-DRGs) is a classification system developed to provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital resources. The AR-DRG system is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), which are divided into *Surgical*, *Medical* and *Other* partitions, and then into 708 individual AR-DRGs (in AR-DRG version 6.0x).

In 2012–13, diagnoses and external causes of injury were recorded using the 7th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2010). It comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization's version of ICD-10. The ICD-10-AM classification is hierarchical, with 20 summary disease chapters that are divided into a large number of more specific disease groupings. See Appendix B for more information.

(continued)

Box 6.1 (continued): Summary of terms and classifications relating to admitted patient care

Procedures were recorded using the 7th edition of the *Australian Classification of Health Interventions* (ACHI) (NCCH 2010). The ACHI classification is divided into 20 chapters by anatomical site. These subchapters are further divided into more specific procedure blocks, ordered from the least invasive to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure information. In this publication, procedures are mostly presented based on the ACHI procedure chapters and the ACHI procedure blocks. See Appendix B for more information.

See the Glossary for more terms relating to admitted patient care.

Box 6.2: What are the limitations of the data?

When interpreting the data presented, the following should be noted:

- Coverage for the NHMD is essentially complete. For 2012–13, all public hospitals were included except for a small mothercraft hospital in the Australian Capital Territory. Private hospital data were not provided for private free-standing day hospital facilities in the Australian Capital Territory and the Northern Territory and one private free-standing day hospital facility in Victoria.
- There may be variation among states and territories in the use of statistical discharges and the assignment of care types (see Appendix A).
- In 2011–12, it was estimated that 88% of Indigenous patients were correctly identified in Australian public hospitals (AIHW 2013h). The overall quality of the data provided for Indigenous status in 2012–13 is considered to be in need of some improvement and varied between states and territories (see Appendix B).
- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly important for the Australian Capital Territory. In 2012–13, about 18% of separations for the Australian Capital Territory hospitals were for patients who lived in New South Wales.

See appendixes A and B for more information.

Box 6.3: What methods were used?

- Unless otherwise indicated in footnotes, separations with a care type of *Newborn* (without qualified days) and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
- The patient's age is calculated at the date of admission.
- In tables by age group and sex, separations for which age and sex were not reported are included in the totals. In 2012–13, there were 59 separations that did not have sex reported as male or female, and 20 separations for which date of birth was not reported (and therefore age could not be calculated).
- Separation rates are age-standardised as detailed in Appendix B.
- In some tables, separation rates are accompanied by the standardised separation rate ratio (SRR). If the SRR is greater than 1, then the rate for the category was higher than the national average (or, in the case of Indigenous status, than other Australians).
- *Other Australians* includes separations for which the Indigenous status of the patient was not reported.
- Data on area of usual residence were provided as state or territory and statistical area level 2 (SA2) and/or postcode, and have been aggregated to remoteness areas under the ASGS (ABS 2011b). Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.
- Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2013b) for the area of usual residence (SA2) of the patient. These SES groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory. Disaggregation by SES group is based on the patient's usual residence, not the location of the hospital.
- The 'cost weight' for a separation is the ratio of the estimated average cost for the separation (based on AR-DRG version 6.0x) compared with the average cost for all acute separations. The national estimated cost weights for each AR-DRG version 6.0x can be used as approximations of the relative costs of admitted patient care during 2012–13. They should be used with caution in any comparisons between the states and territories.
- For 2012–13, the 2010–11 AR-DRG version 6.0x public hospital cost weights obtained from the NHCDC (IHPA 2013a) were applied to each separation. The NHCDC Round 15 (2010–11) estimated the national average cost of an acute public hospital separation at \$4,613 (including depreciation) (IHPA 2013a).
- For private hospitals, the 2011–12 AR-DRG version 6.0x overnight private hospital cost weights (IHPA 2013b) were applied to each private hospital separation. An average cost was not reported for private hospitals.
- Estimated total admitted patient costs are not directly comparable between public and private hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information. These costs are included in public hospital cost information.

See Appendix B for more information.

How has activity changed over time?

From 2011–12 to 2012–13, separations rose 1.3% to 9.4 million (Table 6.1). The increase in separations was higher in private hospitals (2.6%) than in public hospitals (0.3%). However, if a change in emergency department admission policy in Victoria had not occurred (which Victoria has advised resulted in a decrease of about 140,000 admissions in emergency departments), public hospital separations were estimated to have risen by 2.9%.

Between 2008–09 and 2012–13, the number of separations rose by an average of 3.6% per year (Table 6.1). Over that period, the average annual rise in separations was higher in private hospitals than in public hospitals. The largest increases in acute separation rates were seen for private hospital same-day separations (4.3% per year). After adjusting for Victoria's admission policy changes as above, the overall increase is estimated to be about 3.9% per year, and the increase for public hospitals is estimated at about 3.8% per year.

The largest increases in separations between 2008–09 and 2012–13 occurred for subacute and non-acute care, which rose by an average of 8.2% per year for public hospitals and 13.9% per year for private hospitals (see Chapter 10 for more information on subacute and non-acute care).

States and territories

Between 2008–09 and 2012–13, the number of public hospital separations increased at a greater rate than the national average (3.1%) in New South Wales, Queensland, Western Australia, Tasmania and the Northern Territory (Table 6.2).

Between 2011–12 and 2012–13, the largest increase in the number of public hospital separations was recorded for Tasmania (6.8%). The large decrease in public hospital separations recorded for Victoria reflects a change in Victoria's emergency department admission policy between 2011–12 and 2012–13. After adjusting for this change, public hospital separations for Victoria were estimated to have increased by about 1.8%.

Over the same period, above-average increases in the number of private hospital separations were recorded in Victoria, Queensland, Western Australia and South Australia.

Table 6.1: Separations, by type of care, public and private hospitals, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
Public hospitals							
Acute ^(a)	4,748,075	4,916,330	5,114,373	5,329,166	5,334,793	3.0	0.1
Same-day	2,438,918	2,548,838	2,660,640	2,777,380	2,751,061	3.1	–0.9
Surgical ^(b)	359,435	365,562	373,252	380,885	384,515	1.7	1.0
Other ^(c)	2,079,483	2,183,276	2,287,388	2,396,495	2,366,546	3.3	–1.2
Overnight	2,309,157	2,367,492	2,453,733	2,551,786	2,583,732	2.8	1.3
Surgical ^(b)	526,808	540,062	556,447	569,746	573,039	2.1	0.6
Other ^(c)	1,782,349	1,827,430	1,897,286	1,982,040	2,010,693	3.1	1.4
Subacute and non-acute ^(d)	142,600	152,578	164,499	181,926	195,323	8.2	7.4
<i>Total public hospitals</i> ^(e)	<i>4,891,023</i>	<i>5,069,288</i>	<i>5,279,132</i>	<i>5,511,492</i>	<i>5,530,195</i>	<i>3.1</i>	<i>0.3</i>
Private hospitals							
Acute ^(a)	3,105,309	3,277,060	3,357,966	3,502,827	3,587,976	3.7	2.4
Same-day	2,082,968	2,216,940	2,282,843	2,399,171	2,463,017	4.3	2.7
Surgical ^(b)	703,982	743,928	761,808	805,846	818,006	3.8	1.5
Other ^(c)	1,378,986	1,473,012	1,521,035	1,593,325	1,645,011	4.5	3.2
Overnight	1,022,341	1,060,120	1,075,123	1,103,656	1,124,959	2.4	1.9
Surgical ^(b)	533,197	553,920	565,565	581,538	593,192	2.7	2.0
Other ^(c)	489,144	506,200	509,558	522,118	531,767	2.1	1.9
Subacute and non-acute ^(d)	151,923	184,461	215,393	241,791	255,351	13.9	5.6
<i>Total private hospitals</i> ^(e)	<i>3,257,425</i>	<i>3,461,715</i>	<i>3,573,418</i>	<i>3,744,677</i>	<i>3,843,331</i>	<i>4.2</i>	<i>2.6</i>
Total	8,148,448	8,531,003	8,852,550	9,256,169	9,373,526	3.6	1.3

(a) *Acute* admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported.

(b) *Surgical* separations are defined as acute care separations with a surgical procedure reported, based on the procedures used to define 'surgical' DRGs in AR-DRG, version 6.0x (DoHA 2011).

(c) *Other* separations are those classified as acute care but not involving a surgical (or operating room) procedure. This can include non-operating room procedures such as endoscopy.

(d) *Subacute and non-acute* care includes *Rehabilitation*, *Palliative*, *Geriatric evaluation and management*, *Psychogeriatric* and *Maintenance* care types.

(e) The totals include separations with a care type of *Other* admitted patient care.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Between 2008–09 and 2012–13, the numbers of public hospital patient days increased at a higher rate than the national average for Queensland, Western Australia, the Australian Capital Territory and the Northern Territory (Table 6.3). The decrease in patient days for Tasmanian public hospitals over the same period may, in part, reflect changes in the reporting of psychiatric care.

Table 6.2: Separations for public and private hospitals, states and territories, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
New South Wales^(a)							
Public hospitals	1,505,969	1,542,968	1,582,804	1,660,602	1,716,789	3.3	3.4
Private hospitals	907,214	960,706	1,011,887	1,070,140	1,082,500	4.5	1.2
<i>All hospitals</i>	<i>2,413,183</i>	<i>2,503,674</i>	<i>2,594,691</i>	<i>2,730,742</i>	<i>2,799,289</i>	<i>3.8</i>	<i>2.5</i>
Victoria^{(a)(b)}							
Public hospitals	1,379,624	1,424,663	1,496,041	1,543,773	1,429,453	n.p.	n.p.
Private hospitals	811,020	885,776	875,470	917,810	943,381	3.9	2.8
<i>All hospitals</i>	<i>2,190,644</i>	<i>2,310,439</i>	<i>2,371,511</i>	<i>2,461,583</i>	<i>2,372,834</i>	<i>n.p.</i>	<i>n.p.</i>
Queensland							
Public hospitals	883,340	922,970	964,349	1,001,215	1,044,011	4.3	4.3
Private hospitals	813,941	844,953	859,202	901,188	933,661	3.5	3.6
<i>All hospitals</i>	<i>1,697,281</i>	<i>1,767,923</i>	<i>1,823,551</i>	<i>1,902,403</i>	<i>1,977,672</i>	<i>3.9</i>	<i>4.0</i>
Western Australia^(a)							
Public hospitals	467,433	505,909	548,272	588,143	606,809	6.7	3.2
Private hospitals	362,162	381,300	417,761	436,319	451,942	5.7	3.6
<i>All hospitals</i>	<i>829,595</i>	<i>887,209</i>	<i>966,033</i>	<i>1,024,462</i>	<i>1,058,751</i>	<i>6.3</i>	<i>3.3</i>
South Australia^(a)							
Public hospitals	374,540	383,055	390,154	407,315	413,756	2.5	1.6
Private hospitals	255,500	270,015	283,281	289,980	298,159	3.9	2.8
<i>All hospitals</i>	<i>630,040</i>	<i>653,070</i>	<i>673,435</i>	<i>697,295</i>	<i>711,915</i>	<i>3.1</i>	<i>2.1</i>
Tasmania^(a)							
Public hospitals	94,892	101,673	99,333	99,632	106,358	2.9	6.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Australian Capital Territory							
Public hospitals	89,869	88,356	93,745	97,455	94,712	1.3	–2.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Northern Territory							
Public hospitals	95,356	99,694	104,434	113,357	118,307	5.5	4.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Total							
Public hospitals	4,891,023	5,069,288	5,279,132	5,511,492	5,530,195	3.1	0.3
Private hospitals	3,257,425	3,461,715	3,573,418	3,744,677	3,843,331	4.2	2.6
All hospitals	8,148,448	8,531,003	8,852,550	9,256,169	9,373,526	3.6	1.3

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

(b) The large decrease in public hospital separations recorded for Victoria reflects a change in Victoria's emergency department admission policy between 2011–12 and 2012–13.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information for 2012–13 by state and territory is in Table 6.34 at the end of this chapter.

Table 6.3: Patient days for public and private hospitals, states and territories, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
New South Wales^(a)							
Public hospitals	6,114,244	6,061,168	6,192,497	6,434,979	6,387,014	1.1	–0.7
Private hospitals	2,121,237	2,225,185	2,330,294	2,452,877	2,464,340	3.8	0.5
<i>All hospitals</i>	<i>8,235,481</i>	<i>8,286,353</i>	<i>8,522,791</i>	<i>8,887,856</i>	<i>8,851,354</i>	<i>1.8</i>	<i>–0.4</i>
Victoria^{(a)(b)}							
Public hospitals	4,499,508	4,606,599	4,722,672	4,782,281	4,629,716	0.7	–3.2
Private hospitals	2,060,800	2,235,086	2,166,659	2,261,615	2,310,738	2.9	2.2
<i>All hospitals</i>	<i>6,560,308</i>	<i>6,841,685</i>	<i>6,889,331</i>	<i>7,043,896</i>	<i>6,940,454</i>	<i>1.4</i>	<i>–1.5</i>
Queensland							
Public hospitals	3,072,713	3,128,097	3,206,398	3,262,934	3,295,250	1.8	1.0
Private hospitals	2,005,809	2,062,543	2,093,296	2,177,232	2,219,627	2.6	1.9
<i>All hospitals</i>	<i>5,078,522</i>	<i>5,190,640</i>	<i>5,299,694</i>	<i>5,440,166</i>	<i>5,514,877</i>	<i>2.1</i>	<i>1.4</i>
Western Australia^(a)							
Public hospitals	1,647,019	1,722,439	1,779,052	1,856,812	1,920,265	3.9	3.4
Private hospitals	819,851	829,497	886,003	905,529	910,944	2.7	0.6
<i>All hospitals</i>	<i>2,466,870</i>	<i>2,551,936</i>	<i>2,665,055</i>	<i>2,762,341</i>	<i>2,831,209</i>	<i>3.5</i>	<i>2.5</i>
South Australia^(a)							
Public hospitals	1,598,610	1,591,333	1,614,514	1,679,153	1,600,110	0.0	–4.7
Private hospitals	609,747	617,179	625,664	634,321	639,419	1.2	0.8
<i>All hospitals</i>	<i>2,208,357</i>	<i>2,208,512</i>	<i>2,240,178</i>	<i>2,313,474</i>	<i>2,239,529</i>	<i>0.4</i>	<i>–3.2</i>
Tasmania^(a)							
Public hospitals	394,285	423,915	372,761	353,640	359,760	–2.3	1.7
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Australian Capital Territory							
Public hospitals	292,947	296,483	311,607	326,778	327,728	2.8	0.3
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Northern Territory							
Public hospitals	269,856	272,712	287,518	294,459	302,980	2.9	2.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Total							
Public hospitals	17,889,182	18,102,746	18,487,019	18,991,036	18,822,823	1.3	–0.9
Private hospitals	7,892,929	8,262,177	8,407,813	8,745,214	8,872,946	3.0	1.5
All hospitals	25,782,111	26,364,923	26,894,832	27,736,250	27,695,769	1.8	–0.1

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

(b) The large decrease in public hospital patient days recorded for Victoria reflects a change in Victoria's emergency department admission policy between 2011–12 and 2012–13.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information for 2012–13 by state and territory is in Table 6.34 at the end of this chapter.

How much activity was there in 2012–13?

In 2012–13, about 59% of separations (5.5 million) and 68% of patient days (18.8 million) occurred in public hospitals. Public hospitals accounted for about 70% of overnight separations and 53% of same-day separations.

For the 3.8 million separations from private hospitals, about 22% of separations (853,000) occurred in *Private free-standing day hospital facilities* and the remainder were in other private hospitals

The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices, which lead to variation, in particular, in the number of same-day admissions.

The proportion of separations that were for same-day care varied by hospital sector and between jurisdictions. For public hospitals, the proportion of same-day separations ranged from 45% in New South Wales to 67% in the Northern Territory. For private free-standing day hospitals and other private hospitals combined, it ranged from 66% in Victoria to 72% in New South Wales.

More information on the numbers of separations and patient days by state and territory is available in Table 6.34 at the end of this chapter.

Overnight separations

In 2012–13, there were about 165 overnight separations per 1,000 population. Public hospitals accounted for about 115 overnight separations per 1,000 population and private hospitals accounted for about 49 per 1,000. See Chapter 8 for selected international comparisons based on overnight acute care.

Rates of overnight separations in public hospitals ranged from 92 per 1,000 in Tasmania to 189 per 1,000 in the Northern Territory (Table 6.4). For private hospitals, rates of overnight separations ranged from 38 per 1,000 in New South Wales to 62 per 1,000 in Queensland.

The proportion of overnight separations that were in public hospitals varied among states and territories, ranging from 64% in Queensland to 76% in New South Wales.

Separation rates presented by the state or territory of hospitalisation will include separations for patients not usually resident in that state or territory. For the Australian Capital Territory, about 76% of overnight separations were for Australian Capital Territory residents, with most of the remainder for residents of New South Wales.

There were variations in rates of overnight separations by Indigenous status, remoteness area of residence and SES of area of residence (see 'Who used these services').

Table 6.4: Overnight separations per 1,000 population, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT ^(a)	NT	Total
Hospital sector									
Public	121.3	107.7	112.0	114.4	122.5	91.7	122.9	188.6	115.4
Private	38.4	52.5	62.3	55.8	48.2	n.p.	n.p.	n.p.	49.3
Indigenous status									
Indigenous	304.4	272.0	311.2	398.9	380.4	n.p.	n.p.	n.p.	324.5
Other Australians	161.2	164.7	174.7	170.1	172.4	n.p.	n.p.	n.p.	166.0
Remoteness area of residence									
Major cities	153.8	152.0	164.3	160.1	160.4	..	135.8	..	156.0
Inner regional	164.5	179.9	187.2	181.5	167.4	140.4	n.p.	..	173.8
Outer regional	199.1	209.0	183.1	201.2	219.8	134.9	..	172.9	190.7
Remote	235.6	286.9	199.5	227.5	197.3	143.4	..	222.7	215.3
Very remote	266.9	..	255.3	214.1	230.5	184.1	..	305.3	254.6
Socioeconomic status of area of residence									
1—Lowest	161.0	171.6	220.2	213.7	199.5	153.5	n.p.	286.6	182.8
2	149.1	179.9	186.2	191.6	173.7	133.3	n.p.	188.1	170.1
3	176.1	159.6	158.0	170.5	164.6	119.9	551.1	249.1	165.9
4	158.1	156.1	155.0	156.5	148.5	131.1	140.1	169.7	154.8
5—Highest	139.9	134.0	147.9	147.1	135.8	..	131.7	159.7	140.4
Total	159.7	160.1	174.3	170.2	170.6	n.p.	n.p.	n.p.	164.7

(a) Caution should be used in interpreting rates for the Australian Capital Territory, as about 24% of overnight separations in the Australian Capital Territory were for interstate residents.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Same-day separations

The number of same-day separations may not be comparable among the states and territories due to variations in admission practices. Therefore, these data should be interpreted with caution.

In 2012–13, there were about 226 same-day separations per 1,000 population. Public hospitals accounted for about 116 same-day separations per 1,000 population and private hospitals accounted for 109 per 1,000.

Rates of same-day separations in public hospitals ranged from 98 per 1,000 in New South Wales and Tasmania to 373 per 1,000 in the Northern Territory (Table 6.5). For private hospitals, rates of same-day separations ranged from 98 per 1,000 in New South Wales to 135 per 1,000 in Queensland.

For the Australian Capital Territory, about 84% of same-day separations were for Australian Capital Territory residents, with most of the remainder being for residents of New South Wales.

There were variations in rates of same-day separations by Indigenous status, remoteness area of residence and SES of area of residence (see 'Who used these services').

Table 6.5: Same-day separations per 1,000 population, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT ^(a)	NT	Total
Hospital sector									
Public	97.9	131.6	112.0	133.3	105.3	97.6	140.5	373.1	116.4
Private	98.2	104.0	134.7	127.3	108.2	n.p.	n.p.	n.p.	109.3
Indigenous status									
Indigenous	373.9	506.5	606.0	1214.7	852.7	n.p.	n.p.	n.p.	713.9
Other Australians	196.8	238.4	245.1	251.8	210.3	n.p.	n.p.	n.p.	223.0
Remoteness area of residence									
Major cities	201.5	242.6	251.5	270.5	223.0	..	184.2	..	230.4
Inner regional	186.0	214.2	244.0	220.7	178.2	201.2	n.p.	..	209.9
Outer regional	182.1	232.7	232.1	211.8	202.1	165.7	..	267.5	213.1
Remote	163.3	310.2	205.2	287.5	159.4	182.1	..	355.2	240.4
Very remote	156.2	..	212.6	147.6	163.7	147.5	..	925.6	324.6
Socioeconomic status of area of residence									
1—Lowest	175.8	254.3	274.9	267.5	213.2	185.7	n.p.	720.8	226.5
2	166.2	235.1	240.6	270.2	207.5	186.9	n.p.	314.9	211.7
3	215.6	225.2	228.6	273.5	211.2	178.5	535.7	418.6	229.1
4	206.3	243.2	242.0	250.6	215.8	205.1	189.1	252.2	230.7
5—Highest	214.2	221.5	255.0	247.9	218.8	..	180.9	181.6	225.5
Total	196.1	235.6	246.6	260.5	213.5	n.p.	n.p.	n.p.	225.7

(a) Caution should be used in interpreting rates for the Australian Capital Territory, as about 16% of same-day separations in the Australian Capital Territory were for interstate residents.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Who used these services?

Sex and age group

In 2012–13, overall there were about 4.9 million separations for females, compared with about 4.5 million separations for males (Table 6.6). In particular, women aged 15 to 45 years accounted for about 65% of separations for this age group. Females also accounted for more patient days than males (Table 6.6).

People aged 65 and over (who make up about 13% of the population) accounted for 39% of separations and 48% of patient days in 2012–13. Information on separations and patient days by sex and age group for each state and territory is available in tables 6.37 and 6.38 at the end of this chapter.

In 2012–13, there were more separations per 1,000 population for females than for males in the age groups 15 to 54 (Figure 6.1). Separation rates increased markedly with age for both males and females aged 55 and over.

Table 6.6: Separations and patient days, by age group and sex, all hospitals, 2012–13

Age group (years)	Separations			Patient days		
	Males	Females	Persons	Males	Females	Persons
0–4	210,853	151,099	361,960	673,278	521,582	1,194,882
5–9	79,372	59,170	138,545	125,756	99,244	225,003
10–14	62,640	53,299	115,939	122,632	124,715	247,347
15–19	99,882	138,362	238,246	243,062	328,313	571,406
20–24	118,895	223,814	342,712	340,434	495,220	835,662
25–29	121,738	287,023	408,766	377,494	700,503	1,078,131
30–34	136,519	332,677	469,203	433,661	864,144	1,297,832
35–39	160,185	302,000	462,187	468,474	745,781	1,214,257
40–44	208,538	281,970	490,511	548,642	650,870	1,199,517
45–49	237,663	274,492	512,157	612,817	638,139	1,250,958
50–54	295,692	319,247	614,939	748,754	743,765	1,492,519
55–59	353,058	342,213	695,273	898,234	804,027	1,702,263
60–64	424,018	374,728	798,748	1,074,858	935,616	2,010,476
65–69	479,612	399,075	878,688	1,261,870	1,061,764	2,323,635
70–74	438,150	373,096	811,247	1,234,815	1,112,999	2,347,815
75–79	407,813	355,363	763,177	1,276,151	1,250,642	2,526,794
80–84	336,809	313,659	650,469	1,250,282	1,415,051	2,665,334
85+	278,752	341,974	620,729	1,370,525	2,141,372	3,511,903
Total^(a)	4,450,204	4,923,265	9,373,526	13,061,754	14,633,752	27,695,769

(a) Total includes separations for which the age was not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 6.36 and 6.37 at the end of this chapter.

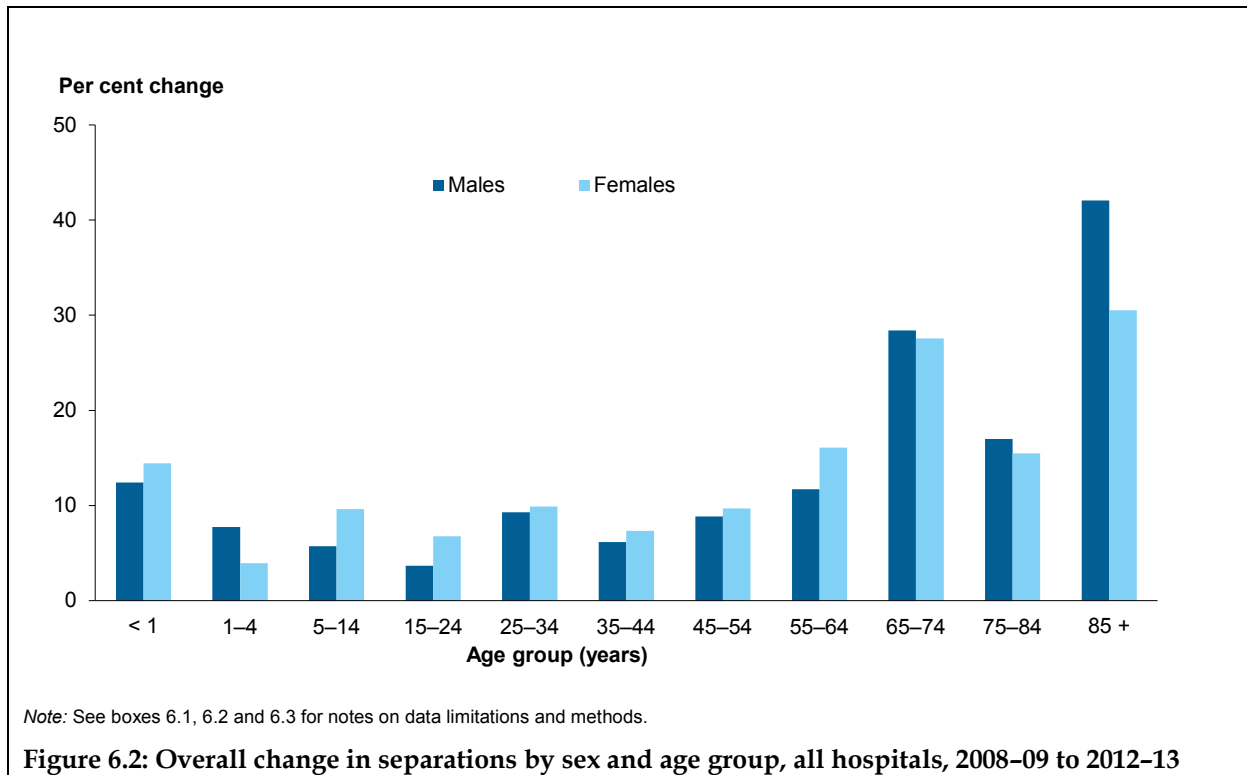
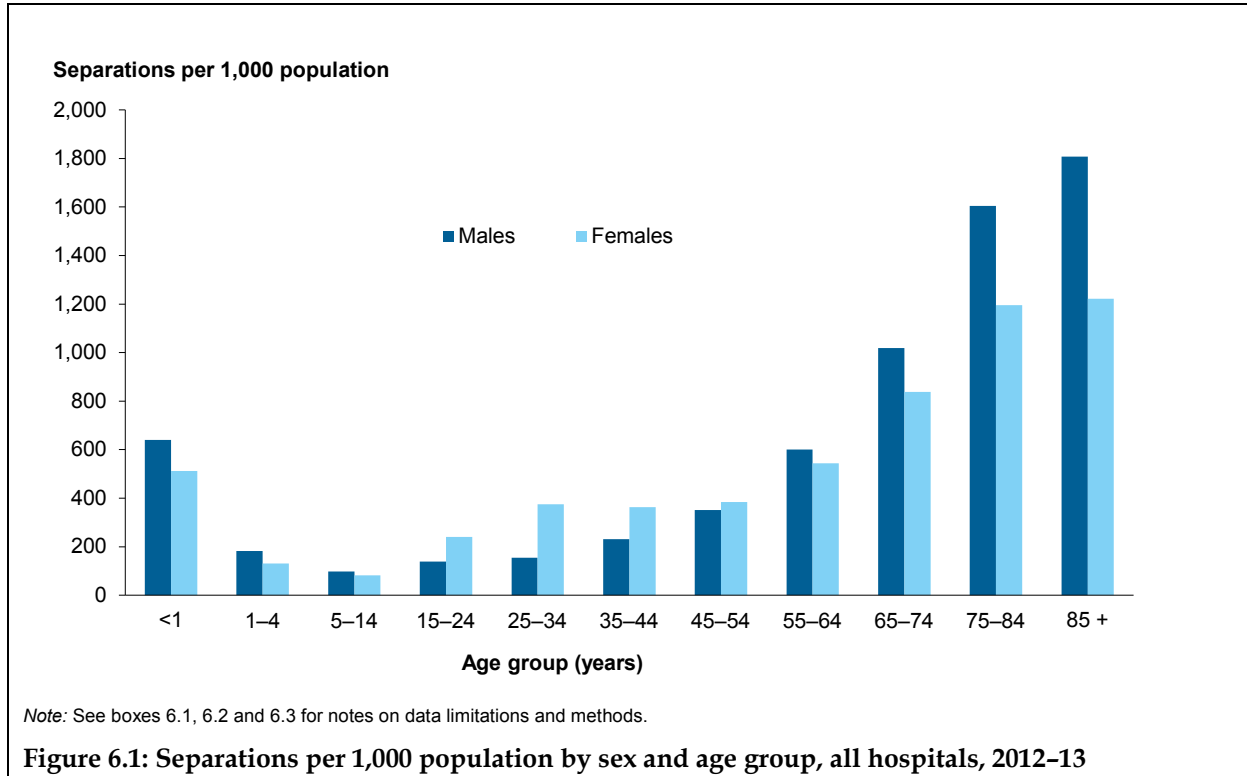
Persons aged 85 and over accounted for about 7% of all separations in 2012–13.

Between 2008–09 and 2012–13, there were large increases in separations for persons aged 65 to 74 years and for persons aged 85 and over.

Separations for persons aged 65 to 74 years increased by 28% overall (Figure 6.2), an average increase of 6% each year.

Separations for persons aged 85 and over increased by 36% overall (Figure 6.2), an average increase of 8% each year. This was faster than the population growth for this age group of about 4.3% each year over the same period.

The large increase in separations and patient days for patients aged less than 1 year mostly reflects changes in the reporting of *Newborn* episodes of care with qualified days in New South Wales between 2010–11 and 2011–12 (see Appendix B for more information).



Aboriginal and Torres Strait Islander people

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. See 'Under-identification of Indigenous persons' (below) and appendix A for more information on the quality of Indigenous status data in the NHMD.

In 2012–13, there were about 385,000 separations reported for Aboriginal and Torres Strait Islander people (Table 6.7). For persons reported as Indigenous Australians:

- 93% were reported as *Aboriginal but not Torres Strait Islander origin*, 4% were reported as *Torres Strait Islander but not Aboriginal origin* and 3% were reported as *Aboriginal and Torres Strait Islander origin* sector (Table 6.38)
- 92% were from the public sector (353,000), whereas 58% of separations for other Australians were from the public sector (Table 6.38). In part, this may reflect the lower quality of Indigenous identification in private hospitals compared with public hospitals.
- there were 325 overnight separations per 1,000 population, almost twice the rate for other Australians (166 per 1,000) (Table 6.4)
- there were 714 same-day separations per 1,000 population, more than 3 times the rate for other Australians (223 per 1,000) (Table 6.5).

In 2012–13, there were 1,038 separations per 1,000 population for Indigenous Australians (Tables 6.4 and 6.5), about 2.7 times the separation rate for other Australians. About 86% of the difference between these rates was due to higher separation rates for Indigenous Australians admitted for same-day maintenance kidney dialysis (see Chapter 7).

The Northern Territory had the highest separation rate for Indigenous Australians (1,911 separations per 1,000), nearly 6 times the rate for other Australians (excludes private hospitals) (Table 6.38). Information on separations by Indigenous status for states and territories is available in tables 6.38 and 6.39 at the end of this chapter.

Under-identification of Indigenous persons

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013h) found that nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported.

Using the agreed national correction factor of 1.09 (AIHW 2013h), the 'true' number of separations for Indigenous Australians for 2012–13 could be estimated at about 419,000 separations. As other Australians may include unidentified Aboriginal and Torres Strait Islander people, the 'true' number of separations for other Australians would be reduced and could be estimated at about 8,941,000 separations.

Using the same method (and assuming that the age distributions for unidentified and identified Indigenous Australians is similar), the 'true' separation rates for Indigenous Australians and other Australians for 2012–13 could be estimated as about 1,130 per 1,000 population and 387 per 1,000, respectively. These rates indicate that, after adjusting for under-identification, Indigenous Australians were hospitalised at about 2.9 times the rate for other Australians.

Sex and age group

In 2012–13:

- 57% of separations for Indigenous Australians were for females, compared with 52% for other Australians (Table 6.7)
- 11% of separations for Indigenous Australians were for people aged 0 to 14, compared with 6% of separations for other Australians.
- 13% of separations for Indigenous Australians were for people aged 65 and over, compared with 41% of separations for other Australians.

Table 6.7: Separations by Indigenous status, sex and age group, all hospitals, 2012–13

Age group (years)	Indigenous Australians			Other Australians		
	Males	Females	Persons	Males	Females	Persons
0–4	14,035	10,688	24,723	196,818	140,411	337,237
5–9	4,967	3,866	8,833	74,405	55,304	129,712
10–14	3,852	3,492	7,344	58,788	49,807	108,595
15–19	5,010	9,893	14,903	94,872	128,469	223,343
20–24	6,549	15,235	21,784	112,346	208,579	320,928
25–29	6,763	13,757	20,520	114,975	273,266	388,246
30–34	7,410	12,140	19,550	129,109	320,537	449,653
35–39	11,040	15,577	26,617	149,145	286,423	435,570
40–44	16,400	17,779	34,179	192,138	264,191	456,332
45–49	19,254	21,647	40,901	218,409	252,845	471,256
50–54	17,759	21,529	39,288	277,933	297,718	575,651
55–59	16,808	24,263	41,072	336,250	317,950	654,201
60–64	14,344	19,884	34,228	409,674	354,844	764,520
65+	20,800	29,895	50,695	1,920,336	1,753,272	3,673,615
Total^(a)	164,991	219,646	384,638	4,285,213	4,703,619	8,988,888

(a) Total includes separations for which the age was not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 6.38 and 6.39 at the end of this chapter.

State or territory of residence

The admitted patient care data includes information on the patient's area of usual residence, including the state or territory of usual residence and the Statistical Area level 2 (SA2).

Table 6.36 (at the end of this chapter) presents counts of separations by both the state or territory of hospitalisation and the state or territory of usual residence of the patient.

For 2012–13, about 98% of separations (9.1 million) were for people who were hospitalised in their state or territory of residence. However, in the Australian Capital Territory, only 80% of hospital separations were for Australian Capital Territory residents, with most of the remainder for residents of New South Wales.

Remoteness area

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

The number of separations per 1,000 population varied by remoteness area. Overall, separation rates were highest for persons residing in *Very remote* and *Remote* areas (579 and 456 per 1,000 population, respectively) (Table 6.8).

The separation rates for the public and private sectors varied across remoteness areas.

For public hospitals, the highest separation rates were for patients living in *Very remote* areas and the lowest for patients living in *Major cities* (511 and 212 per 1,000, respectively).

For private hospitals, the highest separation rates were for patients living in *Major cities* and the lowest for patients living in *Very remote areas* (175 and 68 per 1,000, respectively).

Table 6.8: Separations per 1,000 persons, by remoteness area of usual residence, public and private hospitals, 2012–13

	Remoteness area of residence					Total
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Public hospitals	211.8	248.4	299.8	360.7	511.4	231.8
Private hospitals	174.6	135.4	103.9	95.0	67.8	158.6
All hospitals	386.4	383.8	403.7	455.7	579.2	390.4

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

For overnight separations, patients living in *Very remote* areas had the highest separation rate (255 per 1,000) and those living in *Major cities* had the lowest separation rate (156 per 1,000) (Table 6.4).

For same-day separations, patients living in *Very remote* areas had the highest separation rate (325 per 1,000) (Table 6.5).

Socioeconomic status

SES groups in this report are based on the Index of Relative Socio-Economic Disadvantage (from SEIFA 2011) for the area of usual residence, or SA2, of the patient. See Appendix B for details.

In 2012–13, separation rates varied across SES groups and between public and private hospitals. For public hospitals, the highest separation rates were for patients living in areas classified as being the lowest SES group (304 separations per 1,000 population) (Table 6.9). For private hospitals, the highest separation rates were for patients living in areas classified as being the highest SES group (215 per 1,000).

Table 6.9: Separations per 1,000 population by socioeconomic status of area of residence, public and private hospitals, 2012–13

	Socioeconomic status of area of residence					Total
	1—Lowest	2	3	4	5—Highest	
Public hospitals	304.1	256.9	234.0	197.3	151.1	231.9
Private hospitals	105.3	125.0	161.0	188.2	214.7	158.6
All hospitals	409.4	381.8	394.9	385.5	365.8	390.4

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

For overnight separations, patients living in areas classified as being in the lowest SES group had the highest separation rate (183 per 1,000) and those living in areas classified as being in the highest SES group had the lowest separation rate (140 per 1,000) (Table 6.4).

For same-day separations, separations rates were fairly similar across all SES groups (Table 6.5), ranging from 212 to 231 per 1,000.

How did people access these services?

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

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

In 2012–13, most separations in both public and private hospitals had a mode of admission of *Other* (94%).

Public hospitals had a higher proportion of patients transferred from another hospital than private hospitals (4.9% and 2.8%, respectively). Western Australia had the highest proportion of patients transferred from another hospital and the Northern Territory had the lowest (6.1% and 0.2%, respectively).

Public hospitals also reported higher proportions of *Statistical admissions* than private hospitals (1.9% and 0.5%, respectively) (Table 6.10). For public hospitals, the Australian Capital Territory had the highest proportion of patients with a statistical admission.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in terms of the principal diagnosis.

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

Table 6.10: Separations by mode of admission, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Admitted patient transferred from another hospital	95,855	69,865	40,037	37,263	20,017	2,507	2,961	240	268,745
Statistical admission: type change	34,086	15,872	30,691	11,070	4,284	1,658	3,343	1,507	102,511
Other	1,577,636	1,342,932	973,283	558,476	388,772	101,257	88,408	116,560	5,147,324
Not reported	9,212	784	0	0	683	936	0	0	11,615
<i>Total</i>	<i>1,716,789</i>	<i>1,429,453</i>	<i>1,044,011</i>	<i>606,809</i>	<i>413,756</i>	<i>106,358</i>	<i>94,712</i>	<i>118,307</i>	<i>5,530,195</i>
Private hospitals									
Admitted patient transferred from another hospital	41,188	31,537	18,309	7,821	5,993	n.p.	n.p.	n.p.	109,111
Statistical admission: type change	5,018	3,432	7,947	2,716	471	n.p.	n.p.	n.p.	20,644
Other	1,035,294	908,412	907,405	441,405	291,466	n.p.	n.p.	n.p.	3,695,203
Not reported	1,000	0	0	0	229	n.p.	n.p.	n.p.	18,373
<i>Total</i>	<i>1,082,500</i>	<i>943,381</i>	<i>933,661</i>	<i>451,942</i>	<i>298,159</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,843,331</i>
All hospitals									
Admitted patient transferred from another hospital	137,043	101,402	58,346	45,084	26,010	n.p.	n.p.	n.p.	377,856
Statistical admission: type change	39,104	19,304	38,638	13,786	4,755	n.p.	n.p.	n.p.	123,155
Other	2,612,930	2,251,344	1,880,688	999,881	680,238	n.p.	n.p.	n.p.	8,842,527
Not reported	10,212	784	0	0	912	n.p.	n.p.	n.p.	29,988
Total	2,799,289	2,372,834	1,977,672	1,058,751	711,915	n.p.	n.p.	n.p.	9,373,526

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Principal diagnosis

In 2012–13, more than one-quarter of separations in public and private hospitals had a principal diagnosis in the *Factors influencing health status and contact with health services* chapter, which includes care involving dialysis and chemotherapy (Table 6.11).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, about 84% of separations for *Certain infectious and parasitic diseases* and 81% of separations for *Injury, poisoning and certain other consequences of external causes* were from public hospitals. For *Diseases of the eye and adnexa*, about 72% of separations were from private hospitals.

Table 6.11: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	118,506	23,256	141,762
C00–D48	Neoplasms	278,881	321,931	600,812
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	90,615	48,434	139,049
E00–E89	Endocrine, nutritional and metabolic diseases	88,750	48,163	136,913
F00–F99	Mental and behavioural disorders	193,939	163,156	357,095
G00–G99	Diseases of the nervous system	139,413	107,196	246,609
H00–H59	Diseases of the eye and adnexa	95,295	239,340	334,635
H60–H95	Diseases of the ear and mastoid process	31,425	29,235	60,660
I00–I99	Diseases of the circulatory system	339,423	179,279	518,702
J00–J99	Diseases of the respiratory system	305,877	94,926	400,803
K00–K93	Diseases of the digestive system	422,474	498,254	920,728
L00–L99	Diseases of the skin and subcutaneous tissue	108,573	46,660	155,233
M00–M99	Diseases of the musculoskeletal system and connective tissue	189,972	309,307	499,279
N00–N99	Diseases of the genitourinary system	247,773	186,543	434,316
O00–O99	Pregnancy, childbirth and the puerperium	346,803	146,864	493,667
P00–P96	Certain conditions originating in the perinatal period	52,928	12,203	65,131
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	25,837	11,150	36,987
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	445,708	209,910	655,618
S00–T98	Injury, poisoning and certain other consequences of external causes	488,513	113,247	601,760
Z00–Z99	Factors influencing health status and contact with health services	1,516,324	1,052,930	2,569,254
	Not reported	3,166	1,347	4,513
Total		5,530,195	3,843,331	9,373,526

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

More than 48% of separations for Indigenous Australians had a principal diagnosis in the chapter *Factors influencing health status and contact with health services*, compared with 27% for other Australians (Table 6.12). This category includes care involving dialysis which accounts for a large proportion of same-day separations for Indigenous Australians (see Chapter 7).

Injury, poisoning and certain other consequences of external causes was the second most common principal diagnosis among Indigenous Australians, accounting for 7.2% of separations.

Table 6.12: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, all hospitals, 2012–13

Principal diagnosis	Indigenous Australians	Other Australians	All Australians
A00–B99 Certain infectious and parasitic diseases	6,601	135,161	141,762
C00–D48 Neoplasms	5,394	595,418	600,812
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2,240	136,809	139,049
E00–E89 Endocrine, nutritional and metabolic diseases	5,797	131,116	136,913
F00–F99 Mental and behavioural disorders	16,393	340,702	357,095
G00–G99 Diseases of the nervous system	4,929	241,680	246,609
H00–H59 Diseases of the eye and adnexa	3,071	331,564	334,635
H60–H95 Diseases of the ear and mastoid process	2,762	57,898	60,660
I00–I99 Diseases of the circulatory system	11,588	507,114	518,702
J00–J99 Diseases of the respiratory system	20,944	379,859	400,803
K00–K93 Diseases of the digestive system	19,315	901,413	920,728
L00–L99 Diseases of the skin and subcutaneous tissue	8,310	146,923	155,233
M00–M99 Diseases of the musculoskeletal system and connective tissue	7,201	492,078	499,279
N00–N99 Diseases of the genitourinary system	10,348	423,968	434,316
O00–O99 Pregnancy, childbirth and the puerperium	22,342	471,325	493,667
P00–P96 Certain conditions originating in the perinatal period	4,093	61,038	65,131
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	1,259	35,728	36,987
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	18,616	637,002	655,618
S00–T98 Injury, poisoning and certain other consequences of external causes	27,653	574,107	601,760
Z00–Z99 Factors influencing health status and contact with health services	185,289	2,383,965	2,569,254
Not reported	493	4,020	4,513
Total	384,638	8,988,888	9,373,526

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How many separations were due to injury and poisoning?

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

In 2012–13, about 602,000 separations (about 26 per 1,000 population) had a principal diagnosis that was in the group *Injury, poisoning and certain other consequences of external causes*. The majority (81%) of these were treated in public hospitals (Table 6.13).

About 45% of these separations, in public and private hospitals combined, had a principal diagnosis of *Injuries to upper and lower limbs*.

Table 6.13: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2012–13

Principal diagnosis	Public hospitals	Private hospitals	Total
S00–S19 Injuries to head & neck	89,197	7,495	96,692
S20–S39 Injuries to thorax, abdomen, back, spine & pelvis	47,687	6,198	53,885
S40–S99 Injuries to upper & lower limbs	211,831	56,475	268,306
T00–T19 Injuries to multi- or unspecified region; foreign body effects	10,209	1,367	11,576
T20–T35 Burns and frostbite	8,111	249	8,360
T36–T65 Poisoning and toxic effects	38,642	525	39,167
T66–T79 Other and unspecified effects of external causes	13,145	708	13,853
T80–T88 Complications of medical and surgical care	69,623	40,214	109,837
T89–T98 Other trauma complications; external cause sequelae	68	16	84
Total	488,513	113,247	601,760
Separations per 1,000 population	20.8	4.7	25.5

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Indigenous Australians were hospitalised with a principal diagnosis of injury and poisoning at more than twice the rate of other Australians (54 per 1,000 and 26 per 1,000, respectively) (Table 6.14).

Injuries to the head and neck accounted for 26% of these separations for Indigenous Australians and 16% for other Australians. *Complications of medical and surgical care* accounted for a higher proportion of these separations for other Australians (19%) compared with Indigenous Australians (11%).

Table 6.14: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, all hospitals, 2012–13

Principal diagnosis	Indigenous Australians	Other Australians	All Australians
S00–S19 Injuries to head & neck	7,199	89,493	96,692
S20–S39 Injuries to thorax, abdomen, back, spine & pelvis	2,120	51,765	53,885
S40–S99 Injuries to upper & lower limbs	10,755	257,551	268,306
T00–T19 Injuries to multi- or unspecified region; foreign body effects	618	10,958	11,576
T20–T35 Burns and frostbite	774	7,586	8,360
T36–T65 Poisoning and toxic effects	2,351	36,816	39,167
T66–T79 Other and unspecified effects of external causes	656	13,197	13,853
T80–T88 Complications of medical and surgical care	3,171	106,666	109,837
T89–T98 Other trauma complications; external cause sequelae	9	75	84
Total	27,653	574,107	601,760
Separations per 1,000 population	54.4	25.6	26.3

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

What were the causes of injury and poisoning?

An **external cause** is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. External causes may also be required for other selected diagnoses.

A place of occurrence code is also usually recorded and, for most records, the activity of the person at the time of the event should be recorded (NCCH 2010).

In 2012–13, there were more than 1.1 million separations for which an external cause of injury or poisoning was reported (Table 6.15). About 76% of these separations were from public hospitals.

The most frequently reported groups of external causes in both public and private hospitals were *Complications of medical and surgical care* (462,000 separations) and *Falls* (299,000 separations). Public hospitals had notably higher proportions of separations with external causes of *Intentional self-harm*, *Accidental drowning and submersion*, *Accidental poisoning* and *Assault* than private hospitals.

Some of these external causes may be related to additional diagnoses, particularly for *Complications of medical and surgical care*.

Table 6.15: Separations, by external cause in ICD-10-AM groupings, public and private hospitals, 2012–13

External cause		Public hospitals	Private hospitals	Total
V00–V99	Transport accidents	63,601	8,361	71,962
W00–W19	Falls	244,086	54,623	298,709
W20–W64	Exposure to mechanical forces	92,768	12,046	104,814
W65–W74	Accidental drowning and submersion	723	13	736
W75–W84	Other accidental threats to breathing	13,525	1,744	15,269
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	1,108	189	1,297
X00–X19	Exposure to smoke, fire, flames, hot substances	8,449	541	8,990
X20–X39	Exposure to venomous plants, animals, forces of nature	5,677	330	6,007
X40–X49	Accidental poisoning	12,500	651	13,151
X50–X59	Other external causes of accidental injury	45,815	42,808	88,623
X60–X84	Intentional self-harm	33,432	1,033	34,465
X85–Y09	Assault	25,463	483	25,946
Y10–Y34	Events of undetermined intent	6,518	439	6,957
Y35–Y36	Legal intervention and operations of war	185	59	244
Y40–Y84	Complications of medical and surgical care	322,242	140,084	462,326
Y85–Y98	Sequelae and supplementary factors	30,377	8,726	39,103
Total^(a)		854,136	263,095	1,117,231

(a) As more than one external cause can be reported for a separation, the totals may not equal the sums of the columns.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

More information on the place of occurrence and the activity when injured is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Aboriginal and Torres Strait Islander people

Complications of medical and surgical care was the most commonly reported external cause of injury and poisoning for hospitalisations for Indigenous Australians, accounting for about one-quarter (25%) of all reported external causes (Table 6.16). This was also the most commonly reported external cause for other Australians (42%).

Assault accounted for 18% of external causes reported for Indigenous Australians, compared with 2% of external causes reported for other Australians.

Transport accidents accounted for a similar proportion of external causes for both Indigenous Australians and other Australians (6.8% and 6.4%, respectively).

Table 6.16: Separations, by external cause in ICD-10-AM groupings and Indigenous status, all hospitals, 2012–13

External cause		Indigenous Australians	Other Australians	All Australians
V00–V99	Transport accidents	2,811	69,151	71,962
W00–W19	Falls	7,028	291,681	298,709
W20–W64	Exposure to mechanical forces	5,623	99,191	104,814
W65–W74	Accidental drowning and submersion	34	702	736
W75–W84	Other accidental threats to breathing	525	14,744	15,269
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	42	1,255	1,297
X00–X19	Exposure to smoke, fire, flames, hot substances	818	8,172	8,990
X20–X39	Exposure to venomous plants, animals, forces of nature	280	5,727	6,007
X40–X49	Accidental poisoning	818	12,333	13,151
X50–X59	Other external causes of accidental injury	2,551	86,072	88,623
X60–X84	Intentional self-harm	2,547	31,918	34,465
X85–Y09	Assault	7,296	18,650	25,946
Y10–Y34	Events of undetermined intent	593	6,364	6,957
Y35–Y36	Legal intervention and operations of war	23	221	244
Y40–Y84	Complications of medical and surgical care	10,575	451,751	462,326
Y85–Y98	Sequelae and supplementary factors	2,175	36,928	39,103
Total^(a)		41,596	1,075,635	1,117,231

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How many separations were potentially preventable?

The rate of potentially preventable hospitalisations (PPHs) is a NHA performance indicator, relating to the outcome *Australians receive appropriate high quality and affordable primary and community health services*. The proportion of total separations that were for PPHs is an NHA benchmark.

PPHs are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need.

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

- *Vaccine-preventable*. These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.
- *Acute*. These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include complicated appendicitis; dehydration/gastroenteritis; pyelonephritis;

perforated ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections; and dental conditions.

- *Chronic.* These conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes complications, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

In 2012–13, 772,000 separations in public and private hospitals were classified as PPHs (Table 6.17). PPHs accounted for 8.2% of all hospital separations, 10.3% of public hospital separations and 5.2% of private hospital separations. Almost three-quarters of PPHs (74%) were reported for public hospitals. *Diabetes complications* accounted for about 26% of separations that were classified as PPHs.

Table 6.17: Separations for potentially preventable hospitalisations, public and private hospitals, 2012–13

PPH category	Public hospitals	Private hospitals	Total
Vaccine-preventable conditions	20,586	3,138	23,724
Acute conditions	248,267	92,085	340,352
<i>Chronic conditions</i> ^(a)	307,673	105,585	413,258
Diabetes complications	136,759	66,635	203,394
Chronic conditions (excluding diabetes)	193,584	42,454	236,038
Total	572,124	200,274	772,398
Proportion of total separations (%)	10.3	5.2	8.2

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by residence state is in Table 6.40 at the end of this chapter.

How have rates of potentially preventable hospitalisations changed over time?

Between 2008–09 and 2012–13, overall rates of PPHs fluctuated (Table 6.18).

For *Chronic conditions*, the rate was 16.7 per 1,000 in 2008–09. It decreased between 2009–10 and 2010–11 and then increased between 2011–12 and 2012–13. However, over this period, a number of changes in the coding standards for diabetes-related conditions were implemented. The first change in the coding standard resulted in a marked decrease in the reporting of *Diabetes complications* between 2009–10 and 2010–11. A second change to the coding standard was implemented on 1 July 2012, and this resulted in a sharp increase (124%) in the reporting of *Diabetes complications* between 2011–12 and 2012–13. For more information on these changes to coding standards and the effect on the reporting of diabetes, see Appendix B.

Table 6.18: Separations per 1,000 population for potentially preventable hospitalisations, by PPH category, all hospitals, 2008–09 to 2012–13

PPH category	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
Vaccine preventable conditions	0.7	0.8	0.8	0.8	1.0	7.1	19.9
Acute conditions	11.3	11.4	11.6	14.5	14.0	5.5	–3.0
<i>Chronic conditions</i> ^(a)	16.7	15.9	12.9	12.9	16.4	–0.4	27.5
Diabetes complications ^(b)	7.8	7.1	3.7	3.6	8.0	0.7	124.0
Chronic conditions (excluding diabetes)	9.5	9.3	9.6	9.6	9.4	–0.3	–2.3
Total	30.9	30.4	27.8	28.0	31.2	0.3	11.4

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

(b) Changes in coding standards for the recording of diabetes-related conditions took effect from 1 July 2010 and 1 July 2012. See Appendix A for more information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How do rates of potentially preventable hospitalisations differ by population groups?

Remoteness area of residence

For 2012–13, the overall rate of PPHs was highest for residents of *Remote* and *Very remote* areas (58 and 74 per 1,000 population, respectively) and lowest for residents of *Major cities* (31 per 1,000) (Table 6.19).

Residents of *Remote* and *Very remote* areas had the highest rates of PPHs across the three categories of PPHs.

Socioeconomic status

The rate of PPHs generally decreased with increasing levels of socioeconomic advantage, ranging from 24 per 1,000 for residents of areas classified as being in the highest SES group to 40 per 1,000 for residents of areas classified as being in the lowest SES group.

Residents of areas classified as being in the lowest SES group had the highest rates of PPHs across the three categories of PPHs.

More information about individual PPH conditions by state of residence, remoteness area of residence and SES of area of residence is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 6.19: Separations per 1,000 population for potentially preventable hospitalisations, by remoteness area and socioeconomic status of area of residence, all hospitals, 2012–13

	Vaccine-preventable conditions	Acute conditions	Total chronic conditions ^(a)	Diabetes complications	Chronic conditions (excluding diabetes)	Total
Remoteness area of residence						
Major cities	1.0	14.0	16.1	7.9	9.1	30.9
Inner regional	0.9	14.8	16.8	8.1	9.7	32.3
Outer regional	1.1	17.8	19.2	9.0	11.3	39.2
Remote	2.1	24.2	31.7	18.6	14.8	57.6
Very remote	3.4	32.8	40.5	20.7	23.0	74.4
Socioeconomic status of area of residence						
1–Lowest	1.3	17.2	22.0	10.9	12.6	40.1
2	1.0	15.1	18.4	9.2	10.3	34.3
3	1.1	15.2	18.8	9.5	10.4	34.9
4	0.9	13.6	14.2	6.7	8.3	28.5
5–Highest	0.7	12.5	10.9	5.0	6.4	24.0
Total	1.0	14.0	16.4	8.0	9.4	31.2

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How urgent was the care?

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

Table 6.20 presents information on urgency of admission and whether the separations were considered to be *Childbirth*, *Specialist mental health*, *Surgical*, *Medical* and *Other*. See the section ‘What care was provided?’ for more information on these types of care.

In 2012–13, 68% of separations were *Non-emergency* admissions, accounting for about 87% of same-day separations and 43% of overnight separations.

For same-day separations about 5% of *Emergency* admissions required surgical treatment. For overnight separations about 15% of *Emergency* admissions required surgical treatment.

Private hospitals accounted for about 53% of *Non-emergency* admissions and public hospitals accounted for about 92% of *Emergency* admissions (Table 6.20).

The numbers presented in Table 6.20 do not match those presented in chapters 7 and 8 due to the inclusion of care types other than acute in Table 6.20.

Table 6.20: Same-day and overnight separations by broad category of service and urgency of admission, public and private hospitals, 2012–13

	Public hospitals	Private hospitals	Total
Same-day separations			
Childbirth	8,836	119	8,955
Specialist mental health	15,712	110,179	125,891
Emergency			
Surgical	21,741	4,970	26,711
Medical	512,218	10,930	523,148
Other	5,059	3,798	8,857
Non-emergency			
Surgical	362,808	813,045	1,175,853
Medical	1,604,711	990,712	2,595,423
Other	252,595	713,173	965,768
<i>Total same-day separations</i>	<i>2,783,680</i>	<i>2,646,926</i>	<i>5,430,606</i>
Overnight separations			
Childbirth	214,978	81,753	296,731
Specialist mental health	97,993	33,566	131,559
Emergency			
Surgical	239,139	34,462	273,601
Medical	1,357,568	136,733	1,494,301
Other	58,372	12,037	70,409
Non-emergency			
Surgical	335,692	558,950	894,642
Medical	420,157	298,318	718,475
Other	22,616	40,586	63,202
<i>Total overnight separations</i>	<i>2,746,515</i>	<i>1,196,405</i>	<i>3,942,920</i>
Total separations	5,530,195	3,843,331	9,373,526

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables accompanying this report online.

What care was provided?

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

- the broad category of service – *Childbirth, Specialist mental health, Medical, Surgical* or *Other*
- the intent of care – acute, subacute or non-acute
- MDCs and AR-DRGs – based on the AR-DRG classification of acute care separations
- the type of surgical or other procedure undertaken.

Broad category of service

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

- *Childbirth*: separations for which the AR-DRG was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported, excluding separations for childbirth.
- *Surgical*: separations for which the AR-DRG belonged to the Surgical partition (involving an operating room procedure), excluding separations for childbirth and specialist mental health.
- *Medical*: separations for which the AR-DRG belonged to the Medical partition (not involving an operating room procedure), excluding separations for childbirth and specialist mental health.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for childbirth and specialist mental health.

In 2012–13, more than 17% of separations in public hospitals were for *Surgical* care and 70% were for *Medical* care, compared with 37% each for both *Surgical* and *Medical* care in private hospitals (Table 6.20). Overall, about 3.3% of separations were for *Childbirth*.

There were about 257,000 separations for *Specialist mental health* care. Private hospitals provided about 56% of these, accounting for 88% of same-day separations and 26% of overnight separations for *Specialist mental health* care.

Care type

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

The care type can be classified as:

- acute – *Acute* and *Newborn* (with at least one qualified day of patient care)
- subacute – *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management* and *Psychogeriatric care*
- non-acute – *Maintenance care*
- *Other admitted patient care*.

For the public and private sectors combined, 94% of separations were classified as episodes of *Acute* care, 1.0% as *Newborn* (with qualified days) and 3.7% as *Rehabilitation care* (Table 6.21).

The proportions of separations, separation rates, patient days and days per 1,000 population for each care type varied by hospital sector.

The average length of stay for episodes of *Acute* care was longer in public hospitals (2.8 days) than in private hospitals (2.1 days).

The average length of stay for *Rehabilitation* episodes was 16.2 days in public hospitals, and 4.5 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in private hospitals, as well as a number of very long stays for rehabilitation separations in public hospitals. More information on subacute and non-acute care is in Chapter 10.

Table 6.21: Selected separation statistics by care type, public and private hospitals, 2012–13

Care type and sector	Separations	Separations per 1,000 population	Patient days	Patient days per 1,000 population	Average length of stay
Public hospitals					
Acute care	5,259,398	220.8	14,914,215	618.8	2.8
Newborn total ^(a)	242,096	10.8	910,288	38.3	3.8
Newborn with qualified days only	64,587	2.9	472,561	21.1	7.3
Newborn with a mixture of qualified days and unqualified days ^(b)	10,767	0.5	31,369	1.4	2.9
Rehabilitation care	103,220	4.1	1,676,928	67.5	16.2
Other ^(c)	92,223	3.5	1,727,750	66.6	18.7
Total	5,530,195	231.8	18,822,823	775.3	3.4
Private hospitals					
Acute care	3,570,183	147.7	7,512,905	306.6	2.1
Newborn total ^(a)	65,569	2.9	313,759	13.3	4.8
Newborn with qualified days only	15,220	0.7	101,620	4.5	6.7
Newborn with a mixture of qualified days and unqualified days ^(b)	2,211	0.1	8,957	0.4	4.1
Rehabilitation care	240,519	9.4	1,088,903	41.7	4.5
Other ^(c)	15,198	0.6	160,561	6.0	10.6
Total	3,843,331	158.5	8,872,946	359.3	2.3
All hospitals	9,373,526	390.3	27,695,769	1,134.6	3.0

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

(b) The totals do not include separations and unqualified days for *Newborns* (without qualified days). For information on *Newborn* (without qualified days), see tables 6.41 and 6.42.

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 6.41 and 6.42 at the end of this chapter.

Major Diagnostic Categories

Australian Refined Diagnosis Related Groups (AR-DRG) is a classification system developed to provide a clinically meaningful way of relating the number and type of patients treated in a hospital to the resources required by the hospital. In general, Major Diagnostic Categories (MDCs) are based on a single body system or aetiology that is associated with a particular medical specialty (DoHA 2010).

For public hospitals, *Medical DRGs* accounted for about 74% of acute separations, and *Surgical DRGs* accounted for about 19%.

For private hospitals, *Medical DRGs* accounted for about 38% of acute separations, and *Surgical DRGs* accounted for about 40%.

Diseases and disorders of the kidney and urinary tract accounted for 23% of acute separations for public hospitals and *Diseases and disorders of the digestive system* was the most common MDC for private hospitals (Table 6.22). About 70% of acute separations for *Diseases and disorders of the eye* were from private hospitals.

Cost by volume

An estimate of expenditure in public hospitals can be made using AR-DRGs and related cost information. See Box 6.3 and Appendix E for more information.

The cost-by-volume figures in Table 6.22 were derived by multiplying the estimated average cost for each AR-DRG by the number of acute separations for each AR-DRG. The cost estimates for all AR-DRGs within a given MDC were then summed to produce an estimated cost for the MDC. It should be noted that the estimates in Table 6.22 do not include the costs for subacute and non-acute separations. The cost estimates in Table 6.22 do not reconcile with those presented for total admitted patient care in public hospitals in Table 6.28 due to different estimation methods.

For 2012–13, the total estimated cost for acute admitted patient care was \$24.3 billion in public hospitals (Table 6.22). The highest cost-by-volume MDC in the public sector was *Diseases and disorders of the musculoskeletal system and connective tissue* (\$2.9 billion). *Medical DRGs* and *Surgical DRGs* accounted for the majority of the estimated costs in public hospitals (54% and 41%, respectively).

Procedures

In 2012–13, about 11.9 million procedures were reported, with about 5.9 million procedures performed in public hospitals and 6.0 million in private hospitals (Table 6.23).

In public hospitals, 75% of separations involved a procedure (4.1 million). In contrast, 95% of separations in private hospitals involved a procedure (3.6 million).

Public hospitals accounted for 76% of *Procedures on the urinary system* (mainly for dialysis), 75% of *Procedures on the respiratory system* and over 71% of *Obstetric procedures* (which includes childbirth).

Private hospitals accounted for 50% of the separations for which a procedure was reported, although they accounted for 41% of the separations overall. Private hospitals accounted for 79% of *Dental services* and over 70% of *Procedures on the eye and adnexa* (which includes cataract extractions).

Table 6.22: Separation^(a) statistics, by Major Diagnostic Category version 6.0x and Medical/Surgical/Other partition, public and private hospitals, 2012–13

Major Diagnostic Category		Public hospitals		Private hospitals	
		Separations	Cost by volume (\$'000) ^(b)	Separations	Cost by volume (\$'000) ^(c)
PR	Pre-MDC (tracheostomies, transplants, ECMO)	13,105	1,270,698	3,263	n.a.
01	Diseases and disorders of the nervous system	273,489	1,655,844	75,258	n.a.
02	Diseases and disorders of the eye	105,242	304,145	244,679	n.a.
03	Diseases and disorders of the ear, nose, mouth and throat	191,499	606,468	229,696	n.a.
04	Diseases and disorders of the respiratory system	300,645	1,847,922	106,525	n.a.
05	Diseases and disorders of the circulatory system	441,023	2,628,680	175,243	n.a.
06	Diseases and disorders of the digestive system	532,122	2,267,068	591,849	n.a.
07	Diseases and disorders of the hepatobiliary system and pancreas	99,916	724,372	35,731	n.a.
08	Diseases and disorders of the musculoskeletal system and connective tissue	391,488	2,913,601	383,337	n.a.
09	Diseases and disorders of the skin, subcutaneous tissue and breast	203,885	862,540	199,766	n.a.
10	Endocrine, nutritional and metabolic diseases and disorders	77,508	480,992	47,746	n.a.
11	Diseases and disorders of the kidney and urinary tract	1,246,224	1,555,767	336,555	n.a.
12	Diseases and disorders of the male reproductive system	45,623	183,983	67,881	n.a.
13	Diseases and disorders of the female reproductive system	115,286	457,012	176,968	n.a.
14	Pregnancy, childbirth and puerperium	365,184	1,758,450	150,562	n.a.
15	Newborns and other neonates	85,850	825,819	18,862	n.a.
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	101,974	295,168	53,599	n.a.
17	Neoplastic disorders (haematological and solid neoplasms)	186,404	528,149	268,408	n.a.
18	Infectious and parasitic diseases	66,630	487,674	14,999	n.a.
19	Mental diseases and disorders	142,413	1,296,115	125,007	n.a.
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	37,570	141,987	31,905	n.a.
21	Injuries, poisoning and toxic effects of drugs	162,018	691,276	25,830	n.a.
22	Burns	8,244	88,731	303	n.a.
23	Factors influencing health status and other contacts with health services	133,445	320,679	213,606	n.a.
ED	Error DRGs ^(d)	8,006	119,676	10,398	n.a.
	<i>Surgical DRG</i>	1,028,684	10,104,705	1,448,719	n.a.
	<i>Medical DRG</i>	3,963,306	12,933,724	1,364,088	n.a.
	<i>Other DRG</i>	342,803	1,274,388	775,169	n.a.
Total		5,334,793	24,312,817	3,587,976	n.a.

DRG—Diagnosis related group; ECMO—extracorporeal membrane oxygenation; MDC—Major diagnostic category.

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

(b) Cost by volume is calculated using the 2010–11 Round 15 AR-DRG version 6.0x public hospital cost weights, with the average public cost of \$4,613.

(c) Although private cost weights are available for AR-DRG version 6.0x using the 2011–12 Round 16 NHCCD, an average cost has not been published for private hospitals. Therefore, the cost by volume cannot be calculated.

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.23: Separations, by procedure in ACHI chapters, public and private hospitals, 2012–13

Procedure		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	77,402	110,064	187,466
110–129	Procedures on endocrine system	8,065	9,016	17,081
160–256	Procedures on eye and adnexa	93,982	236,957	330,939
300–333	Procedures on ear and mastoid process	25,189	33,940	59,129
370–422	Procedures on nose, mouth and pharynx	62,675	89,567	152,242
450–490	Dental services	29,958	112,981	142,939
520–570	Procedures on respiratory system	114,710	38,214	152,924
600–777	Procedures on cardiovascular system	151,993	137,270	289,263
800–817	Procedures on blood and blood-forming organs	36,408	25,250	61,658
850–1011	Procedures on digestive system	443,890	777,515	1,221,405
1040–1129	Procedures on urinary system	1,182,152	371,397	1,553,549
1160–1203	Procedures on male genital organs	40,808	71,558	112,366
1240–1299	Gynaecological procedures	130,863	222,195	353,058
1330–1347	Obstetric procedures	204,045	81,785	285,830
1360–1579	Procedures on musculoskeletal system	264,145	337,935	602,080
1600–1718	Dermatological and plastic procedures	204,807	204,517	409,324
1740–1759	Procedures on breast	20,146	38,557	58,703
1786–1799	Radiation oncology procedures	10,572	3,807	14,379
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	2,752,224	3,083,697	5,835,921
1940–2016	Imaging services	45,621	36,062	81,683
	<i>Procedures reported^(a)</i>	<i>5,899,655</i>	<i>6,022,284</i>	<i>11,921,939</i>
	Separations with no procedure reported	1,385,321	207,401	1,592,722
Total separations		5,530,195	3,843,331	9,373,526

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

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 the available information does not provide a complete picture. For example there is no routinely available information on some aspects of quality, such as continuity or responsiveness of hospital services.

This section presents information on conditions that arose during the hospital stay. These conditions may have led to a higher resource use than initially expected, and may have affected the length of the hospital stay. Conditions that arise during the hospital stay include adverse events (some of which may have been preventable) and therefore may provide information about the safety and quality of the care.

Other information on the safety and quality of the care is included in:

- Chapter 3 presents 3 performance indicators related to safety:
 - adverse events treated in hospitals

- unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital)
- falls resulting in patient harm in hospitals.
- Chapter 9 presents information on adverse events and unplanned/unexpected readmissions following surgery for admissions from public hospital elective surgery waiting lists.

The NHA performance indicator ‘*Staphylococcus aureus* bacteraemia in public hospitals’ has been reported in *Australian hospitals statistics 2012–13: Staphylococcus aureus bacteraemia in Australian public hospitals* (AIHW 2013e).

What proportion of separations had a condition that arose during the hospital stay?

Conditions that arise during a hospital stay can be identified using the condition onset flag (COF) that is provided for each diagnosis and external cause of injury or poisoning in the patient’s record.

‘The condition onset flag (COF) is a means of differentiating those conditions which arise during, from those arising before, an episode of admitted patient care. This information provides insight into the kinds of conditions patients already have when entering hospital and what arises during the episode. A better understanding of those conditions arising during the episode may inform prevention strategies, particularly in relation to complications of medical care.’ (NCCC 2013)

The Australian Coding Standard 0048 provides guidance to the assignment of the COF (NCCC 2013):

- A COF of ‘1’ is assigned for a condition which arises during the episode of admitted patient care and would not have been present or suspected on admission. For example:
 - a condition resulting from a misadventure during surgical or medical care in the current episode of admitted patient care
 - an abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care
 - a condition newly arising during the episode of admitted patient care (for example, pneumonia, rash, confusion or cyst)
 - a condition impacting on obstetric care arising after admission, including complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management
 - for neonates, this also includes the condition(s) in the birth episode arising during the birth event (for example, respiratory distress, jaundice, feeding problems, neonatal aspiration, conditions associated with birth trauma or newborn affected by delivery or intrauterine procedures).
- A COF of ‘2’ is assigned for a condition previously existing or suspected on admission such as the presenting problem, a comorbidity, chronic disease or disease status.

For 2012–13, the COF data were provided for almost all separations in both public and private hospitals for all states and territories except New South Wales. The information presented in this section therefore does not include the COF data for New South Wales. See Appendix A for more information on the quality and comparability the condition onset flag.

In 2012–13, about 553,000 separations recorded a condition with onset during the episode of care (tables 6.24 and 6.25). These accounted for about 10.5% of public hospital separations (Table 6.24) and 5.6% of private hospital separations (Table 6.25).

For both same-day and overnight separations, in both public and private hospitals, the highest proportion of separations that reported a condition with onset during the episode were in the *Childbirth* category.

Another category with relatively high rates of reporting conditions with onset during the episode were separations with an urgency of admission of *Emergency* and which involved surgery:

- for public hospitals, about 2.1% of same-day separations and 30.8% of overnight separations in this category reported a condition with onset during the episode (Table 6.24)
- for private hospitals, less than 1% of same-day separations and 25.9% of overnight separations in this category reported a condition with onset during the episode (Table 6.25).

There was marked variation between states and territories, with the overall proportion of records for which a condition was reported as arising during the episode of care.

For public hospitals, the proportion ranged from 4.0% for the Northern Territory to 12.6% in Victoria. For private hospitals, the proportion ranged from 4.0% for Queensland to 7.4% for Victoria. Differences in casemix between states and territories may account for some of this variation. However, this variation may indicate that there are differences in the allocation of COF values, and that there may be underreporting by some states and territories compared with others.

The top 30 conditions (Table 6.26) and the top 20 external causes of injury and poisoning (Table 6.27) reported as arising during the hospital stay provide some support for the quality of these data.

What conditions arose during the hospital stay?

Conditions that arise during the hospital stay can be described in terms of the diagnoses and external causes for which the condition onset flag indicated that the condition arose during the hospital stay.

Diagnoses and external causes

Diagnoses

In 2012–13, over 1.5 million diagnoses were reported as having onset during the episode of care, for the 553,000 separations that reported at least one condition with onset during the episode of care.

The 30 diagnoses presented in Table 6.26 accounted for about 51% of all conditions reported as having onset during the episode of care for public and private hospitals combined. Eight of the 30 most common diagnoses were obstetric conditions, 6 were ‘signs and symptoms’ (including nausea and vomiting, fever and headache) and 2 were complications of procedures.

Table 6.24: Proportion of separations^(a) with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, public hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)	
									Rate	Separations
Same-day separations										
Childbirth	n.p.	37.7	29.7	34.4	28.3	29.0	34.6	39.5	32.5	1,903
Specialist mental health	n.p.	0.3	1.7	0.7	0.2	n.p.	0.0	n.p.	1.1	84
Emergency										
Surgical	n.p.	2.5	2.1	1.2	2.0	1.1	2.9	0.8	2.1	275
Medical	n.p.	1.2	0.9	0.6	2.3	1.3	2.9	0.5	1.1	4,137
Other	n.p.	5.3	1.7	1.2	3.3	2.2	3.8	n.p.	2.7	75
<i>Total emergency</i>	<i>n.p.</i>	<i>1.3</i>	<i>1.0</i>	<i>0.6</i>	<i>2.3</i>	<i>1.3</i>	<i>2.9</i>	<i>0.5</i>	<i>1.2</i>	<i>4,487</i>
Non-emergency										
Surgical	n.p.	1.7	0.9	0.9	0.7	1.4	1.2	0.7	1.2	3,172
Medical	n.p.	0.6	1.0	0.3	1.8	0.7	0.9	0.3	0.7	8,771
Other	n.p.	1.1	0.6	0.6	0.7	1.4	1.4	0.2	0.9	1,639
<i>Total non-emergency</i>	<i>n.p.</i>	<i>0.8</i>	<i>1.0</i>	<i>0.4</i>	<i>1.5</i>	<i>0.9</i>	<i>1.0</i>	<i>0.3</i>	<i>0.8</i>	<i>13,582</i>
Total same-day separations	n.p.	0.9	1.1	0.5	1.7	1.0	1.7	0.4	1.0	20,056
Overnight separations										
Childbirth	n.p.	65.1	56.5	56.1	59.9	48.5	52.4	55.3	59.7	86,230
Specialist mental health	n.p.	13.9	14.9	15.3	11.5	7.9	12.1	6.1	13.8	8,880
Emergency										
Surgical	n.p.	38.7	27.3	22.4	30.1	35.4	29.5	14.9	30.8	49,765
Medical	n.p.	17.1	9.0	7.7	11.3	17.1	12.6	5.0	11.9	104,353
Other	n.p.	37.4	23.6	19.2	24.0	29.3	24.4	12.2	27.7	10,336
<i>Total emergency</i>	<i>n.p.</i>	<i>21.3</i>	<i>11.9</i>	<i>10.4</i>	<i>14.4</i>	<i>20.8</i>	<i>16.7</i>	<i>6.8</i>	<i>15.3</i>	<i>164,454</i>
Non-emergency										
Surgical	n.p.	32.1	21.7	18.9	21.1	34.6	23.8	11.2	25.6	59,311
Medical	n.p.	24.3	21.2	15.9	18.8	21.8	21.7	11.6	21.4	57,429
Other	n.p.	24.1	14.6	17.3	13.9	26.9	20.5	6.8	18.9	2,998
<i>Total non-emergency</i>	<i>n.p.</i>	<i>27.7</i>	<i>21.2</i>	<i>17.4</i>	<i>19.7</i>	<i>27.6</i>	<i>22.7</i>	<i>11.3</i>	<i>23.2</i>	<i>119,738</i>
Total overnight separations	n.p.	26.9	18.1	16.0	18.8	24.0	21.6	11.4	21.1	379,302
Total all separations	n.p.	12.6	9.6	7.6	10.9	12.0	11.1	4.0	10.5	399,358

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category.

(b) The total column excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.25: Proportion of separations^(a) with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)	
									Rate	Separations
Same-day separations										
Childbirth	n.a.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	31.3	31
Specialist mental health	n.a.	1.5	0.0	0.2	0.0	n.p.	n.p.	n.p.	0.4	301
Emergency										
Surgical	n.a.	1.7	1.9	0.8	0.4	n.p.	n.p.	n.p.	0.7	33
Medical	n.a.	1.1	1.1	0.9	2.4	n.p.	n.p.	n.p.	1.3	130
Other	n.a.	2.0	0.9	0.8	0.4	n.p.	n.p.	n.p.	0.5	20
<i>Total emergency</i>	<i>n.a.</i>	<i>1.2</i>	<i>1.2</i>	<i>0.9</i>	<i>0.8</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.0</i>	<i>183</i>
Non-emergency										
Surgical	n.a.	0.4	0.6	0.5	0.4	n.p.	n.p.	n.p.	0.5	2,517
Medical	n.a.	0.5	0.4	0.2	0.9	n.p.	n.p.	n.p.	0.5	3,327
Other	n.a.	0.2	0.2	0.3	0.5	n.p.	n.p.	n.p.	0.2	1,224
<i>Total non-emergency</i>	<i>n.a.</i>	<i>0.4</i>	<i>0.4</i>	<i>0.3</i>	<i>0.6</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>0.4</i>	<i>7,068</i>
Total same-day separations	n.a.	0.4	0.4	0.3	0.6	n.p.	n.p.	n.p.	0.4	7,583
Overnight separations										
Childbirth	n.a.	51.4	37.6	54.8	63.8	n.p.	n.p.	n.p.	47.8	27,783
Specialist mental health	n.a.	25.8	10.3	15.3	3.1	n.p.	n.p.	n.p.	16.3	3,945
Emergency										
Surgical	n.a.	35.7	20.2	20.5	26.7	n.p.	n.p.	n.p.	25.8	7,925
Medical	n.a.	17.6	10.4	13.4	14.9	n.p.	n.p.	n.p.	13.2	16,280
Other	n.a.	19.1	13.2	18.9	18.8	n.p.	n.p.	n.p.	16.4	16,280
<i>Total emergency</i>	<i>n.a.</i>	<i>21.4</i>	<i>12.1</i>	<i>15.2</i>	<i>17.7</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>15.8</i>	<i>40,485</i>
Non-emergency										
Surgical	n.a.	18.7	9.9	12.0	15.4	n.p.	n.p.	n.p.	13.7	54,623
Medical	n.a.	18.4	9.7	12.9	18.8	n.p.	n.p.	n.p.	14.3	31,079
Other	n.a.	12.1	6.5	12.0	11.4	n.p.	n.p.	n.p.	9.7	2,990
<i>Total non-emergency</i>	<i>n.a.</i>	<i>18.2</i>	<i>9.6</i>	<i>12.2</i>	<i>16.2</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>13.7</i>	<i>88,692</i>
Total overnight separations	n.a.	21.1	11.9	16.2	18.7	n.p.	n.p.	n.p.	16.4	146,452
Total all separations	n.a.	7.4	4.0	5.1	6.2	n.p.	n.p.	n.p.	5.6	154,035

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category.

(b) The total column excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.26: The 30 most common conditions (diagnoses) reported with onset during the episode of care, public and private hospitals^(a), 2012–13

Condition	Public hospitals	Private hospitals	Total ^(a)
E87 Other disorders of fluid, electrolyte and acid-base balance	62,467	12,347	74,814
I95 Hypotension	51,344	15,872	67,216
O70 Perineal laceration during delivery	49,617	11,304	60,921
T81 Complications of procedures, not elsewhere classified	32,714	14,143	46,857
R11 Nausea and vomiting	26,932	16,081	43,013
K59 Other functional intestinal disorders	27,310	8,959	36,269
O68 Labour and delivery complicated by fetal stress [distress]	23,646	5,248	28,894
R00 Abnormalities of heart beat	22,137	5,826	27,963
N39 Other disorders of urinary system	20,572	5,498	26,070
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	21,990	3,458	25,448
B96 Other bacterial agents as the cause of diseases classified to other chapters	18,327	4,907	23,234
O72 Postpartum haemorrhage	20,691	2,440	23,131
D64 Other anaemias	16,299	6,809	23,108
O92 Other disorders of breast and lactation associated with childbirth	15,022	6,216	21,238
E86 Volume depletion	18,530	2,157	20,687
R33 Retention of urine	15,201	5,095	20,296
R07 Pain in throat and chest	15,110	4,867	19,977
R50 Fever of other and unknown origin	14,165	4,860	19,025
E83 Disorders of mineral metabolism	16,669	2,353	19,022
T82 Complications of cardiac and vascular prosthetic devices, implants and grafts	15,387	2,943	18,330
I48 Atrial fibrillation and flutter	12,671	5,270	17,941
O62 Abnormalities of forces of labour	14,790	2,760	17,550
A09 Other gastroenteritis and colitis of infectious and unspecified origin	12,689	4,173	16,862
N17 Acute kidney failure	14,169	2,523	16,692
L89 Decubitus ulcer and pressure area	12,300	2,545	14,845
F05 Delirium, not induced by alcohol and other psychoactive substances	11,790	2,061	13,851
O63 Long labour	11,078	2,131	13,209
O71 Other obstetric trauma	9,543	3,276	12,819
R51 Headache	8,764	3,930	12,694
J98 Other respiratory disorders	8,714	3,474	12,188

(a) Excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

External causes of injury and poisoning

External causes of injury or poisoning are assigned the same condition onset flag as the diagnosis to which they relate.

In 2012–13, the 20 external causes presented in Table 6.27 accounted for about 88% of all external causes of injury and poisoning reported as having onset during the episode of care for public and private hospitals.

Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y83) was the most common external causes of injury and poisoning reported as having onset during the episode of care.

Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y84) was the second most common external causes of injury and poisoning reported as having onset during the episode of care.

The 20 most common external causes included:

- adverse effects of drugs and medicaments (for example, involving analgesics, antipyretics and anti-inflammatory drugs)
- misadventures during procedures (for example, involving an unintentional cut, puncture or haemorrhage)
- falls, including that involving a bed.

Table 6.27: The 20 most common ICD-10-AM external cause codes with onset during the episode of care, public and private hospitals^(a), 2012–13

External cause of injury or poisoning		Public hospitals	Private hospitals	Total ^(a)
Y83	Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	39,682	16,391	56,188
Y84	Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	29,334	5,775	35,146
Y45	Analgesics, antipyretics and anti-inflammatory drugs causing adverse effects in therapeutic use	9,821	2,941	12,783
Y60	Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care	7,640	2,905	10,556
Y40	Systemic antibiotics causing adverse effects in therapeutic use	7,369	1,479	8,867
Y44	Agents primarily affecting blood constituents causing adverse effects in therapeutic use	5,222	1,003	6,234
W18	Other fall on same level	4,713	1,074	5,822
Y52	Agents primarily affecting the cardiovascular system causing adverse effects in therapeutic use	3,828	773	4,611
W19	Unspecified fall	3,450	933	4,400
Y95	Nosocomial condition	3,958	167	4,134
Y48	Anaesthetics and therapeutic gases causing adverse effects in therapeutic use	3,266	682	3,948
W01	Fall on same level from slipping, tripping and stumbling	3,060	616	3,687
Y43	Primarily systemic agents causing adverse effects in therapeutic use	2,641	830	3,489
X59	Exposure to unspecified factor	2,571	772	3,352
W06	Fall involving bed	2,394	440	2,847
W84	Unspecified threat to breathing	2,286	316	2,604
Y65	Other misadventures during surgical and medical care	1,971	612	2,585
Y57	Other and unspecified drugs and medicaments causing adverse effects in therapeutic use	2,087	443	2,539
Y42	Hormones and their synthetic substitutes and antagonists, not elsewhere classified causing adverse effects in therapeutic use	2,011	412	2,476
Y54	Agents primarily affecting water-balance and mineral and uric acid metabolism causing adverse effects in therapeutic use	2,046	369	2,425

(a) Excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

What was the cost of the care?

This section includes information on expenditure for admitted patient care in public hospitals and the average 'cost weight' for separations in both public and private hospitals.

Admitted patient expenditure—public hospitals

In 2012–13, about \$29 billion was spent on admitted patient services in public hospitals (Table 6.28). This figure is based on the recurrent expenditure reported for each public hospital, multiplied by the 'admitted patient cost proportion' provided for the hospital. The admitted patient cost proportion is an estimate of the proportion of each hospital's recurrent expenditure that was spent on admitted patient care.

Table 6.28: Estimated expenditure on admitted patient care (\$ million), public hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	\$ million								
Total expenditure	13,454	10,093	7,656	4,790	3,194	957	988	608	41,741
Estimated admitted patient cost proportion	0.69	0.70	0.69	0.72	0.72	0.67	0.64	0.80	0.70
Estimated admitted patient expenditure	9,334	7,067	5,247	3,465	2,295	637	637	485	29,167

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

Average cost weights and cost by volume

The National Hospital Cost Data Collection (NHCDC) compiles estimates of average costs for each AR-DRG version 6.0x (see Box 6.3 and Appendix E for more information).

As the public and private cost weights are not comparable, the 2010–11 AR-DRG version 6.0x public hospital cost weights were applied to both public and private hospital separations in Table 6.29.

In public hospitals, separations for *Public* and *Self-funded* patients generally had lower average cost weights than other patients and separations funded by *Motor vehicle third party personal claim* had higher average cost weights (Table 6.29).

In private hospitals, *Self-funded* separations had lower average costs than other separations. The very low average cost weight for *Public patients* in private hospitals for Western Australia reflects a large amount of contracted care involving dialysis (funded by *Other hospital or public authority*).

Cost by volume

An estimate of expenditure in public hospitals can be made using AR-DRGs and related cost information. See Table 6.22 for more information.

Table 6.29: Average cost weight^(a) of separations, by principal source of funds, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1.05	1.01	1.04	0.92	1.05	1.09	1.09	0.67	1.01
Private health insurance	1.13	1.11	1.07	1.45	1.40	0.96	1.08	0.96	1.14
Self-funded	1.29	0.79	1.06	0.87	0.79	0.73	1.35	1.25	1.09
Workers compensation	1.19	1.43	1.30	1.25	1.24	1.46	1.28	1.27	1.29
Motor vehicle third party personal claim	1.63	2.48	2.01	2.11	2.36	2.32	2.00	2.38	2.07
Department of Veterans' Affairs	1.20	1.29	1.15	1.28	1.21	1.42	0.86	1.42	1.21
Other ^(c)	1.75	1.26	1.18	1.12	1.19	1.09	1.20	0.92	1.33
Total	1.08	1.04	1.05	0.96	1.09	1.08	1.08	0.69	1.04
Private hospitals									
Public patients ^(b)	0.91	0.45	0.47	0.22	0.28	n.p.	n.p.	n.p.	0.33
Private health insurance	0.77	0.85	0.80	0.85	0.80	n.p.	n.p.	n.p.	0.81
Self-funded	0.77	0.57	0.49	0.54	0.66	n.p.	n.p.	n.p.	0.64
Workers compensation	1.13	1.20	0.94	1.07	1.15	n.p.	n.p.	n.p.	1.09
Motor vehicle third party personal claim	0.83	1.41	1.17	1.01	0.83	n.p.	n.p.	n.p.	1.18
Department of Veterans' Affairs	0.94	1.19	0.89	1.06	1.01	n.p.	n.p.	n.p.	0.98
Other ^(c)	0.90	0.96	0.57	0.66	0.74	n.p.	n.p.	n.p.	0.83
Total	0.79	0.84	0.78	0.73	0.80	n.p.	n.p.	n.p.	0.80

(a) AR-DRG version 6.0x public hospital cost weights 2010–11 were used for both public and private hospitals.

(b) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(c) Other includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public patient election status*), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Who paid for the care?

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

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

In 2012–13, about 83% of separations in public hospitals were for *Public patients*, compared with about 3% in private hospitals (Table 6.30). For private hospitals, *Private health insurance* funded about 82% of separations.

Table 6.30: Separations by principal source of funds, public and private hospitals, 2012–13

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients ^(a)	4,607,838	119,236	4,727,074
Private health insurance	686,076	3,152,158	3,838,234
Self-funded	53,318	290,799	344,117
Workers compensation	21,660	61,745	83,405
Motor vehicle third party personal claim	27,818	6,349	34,167
Department of Veterans' Affairs	104,154	184,807	288,961
Other ^(b)	29,331	28,237	57,568
Total	5,530,195	3,843,331	9,373,526

(a) Public patients includes separations with a funding source of *Health service budget, Other hospital or public authority (with a Public patient election status), Health service budget (due to eligibility for Reciprocal health care agreements) and Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source of *Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (without a Public patient election status), Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in table 6.43 at the end of this chapter.

How much care was contracted between hospitals?

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

A new specification for this data element was implemented from 1 July 2012 and therefore caution should be used in comparing these data over time. The new specification was introduced to enable the reporting of this activity by both the contracting (originating) hospital and the contracted (destination) hospital.

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double-counting of hospital activity in the NHMD. The new specification will enable the elimination of double counting of episodes of admitted patient care.

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

In 2012–13, there were about 133,000 separations for which the inter-hospital contracted patient status indicated that the patient received care at more than one hospital during their hospital stay (Table 6.31). Most contracted care provided by private hospitals was purchased by public hospitals. About 1,000 separations indicated contracted care between private hospitals.

There is a very good match between the numbers of separations reported as a public hospital separations contracted to the private sector (54,766) and the number of separations reported as a private hospital separations contracted from the public sector (54,756).

However, there are significant discrepancies between the numbers of separations reported as a private hospital separations contracted to the public sector (60) and the number of separations reported as a public hospital separations contracted from the private sector (2,774). Further information by state and territory is in the tables accompanying this report online.

Table 6.31: Separations by inter-hospital contracted patient status, public and private hospitals, 2012–13

	Public hospitals	Private hospitals	Total
Inter-hospital contracted patient from public sector hospital	10,210	54,756	64,966
Inter-hospital contracted patient from private sector hospital	2,774	1,034	3,808
Inter-hospital contracted patient to public sector hospital	9,844	60	9,904
Inter-hospital contracted patient to private sector hospital	54,766	16	54,782
<i>Total contracted separations</i>	<i>77,594</i>	<i>55,866</i>	<i>133,460</i>
Not inter-hospital contracted	5,435,133	2,690,600	8,125,733
Not stated	17,468	1,096,865	1,114,333
Total	5,530,195	3,843,331	9,373,526

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territories is in the tables accompanying this report online.

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

Most states and territories have hospital-in-the-home (HITH) programs under which admitted patients are provided with hospital care in the home. This care has been defined as occurring in the patient's (permanent or temporary) place of residence as a substitute for hospital accommodation and within an episode of care for an admitted patient (AIHW 2012b). HITH days are counted as patient days in the data presented in this report (see the table accompanying this report online).

How long did patients stay?

In 2012–13, public hospitals accounted for 59% of separations and 68% of patient days (Table 6.32).

The average length of stay per separation was longer in public hospitals than in private hospitals (3.4 days and 2.3 days, respectively).

Same-day separations accounted for 50% of public hospital separations and 69% of private hospital separations. The average length of stay for overnight separations was longer in public hospitals (5.8 days) than in private hospitals (5.2 days).

Table 6.32: Average length of stay (ALOS), public and private hospitals, 2012–13

	Separations	Same-day separations	Patient days	ALOS	ALOS (excluding same-day)
Public hospitals	5,530,195	2,783,680	18,822,823	3.4	5.8
Private hospitals	3,843,331	2,646,926	8,872,946	2.3	5.2
Total	9,373,526	5,430,606	27,695,769	3.0	5.6

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in table 6.34 at the end of this chapter.

How was the care completed?

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

About 91% of separations (8.6 million) had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 6.33). This was particularly the case in the private sector, where 95% of separations (3.7 million) were categorised as *Other*, compared with 89% (4.9 million) in the public sector.

About 5.8% of public hospital separations and 1.6% of private hospital separations had a mode of separation of *Discharge/transfer to an (other) hospital*, indicating that their care continued at another hospital.

However, there is a discrepancy between the number of separations with a mode of separation of *Discharge/transfer to an (other) hospital* (acute and psychiatric) (383,000) and the number of separations with a mode of admission of *Admitted patient transferred from another hospital* (378,000; see Table 6.10). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission. There may also be discrepancies because some patients were admitted and separated in different reporting years.

Table 6.33: Separations, by mode of separation, public and private hospitals, 2012–13

Mode of separation	Public hospitals	Private hospitals	Total
Discharge/transfer to an (other) acute hospital	319,705	63,259	382,964
Discharge/transfer to residential aged care service ^(a)	63,162	7,517	70,679
Discharge/transfer to an (other) psychiatric hospital	6,838	199	7,037
Discharge/transfer to other health care accommodation ^(b)	15,528	64,372	79,900
Statistical discharge: type change	103,127	21,933	125,060
Left against medical advice/discharge at own risk	48,553	2,145	50,698
Statistical discharge from leave	5,500	241	5,741
Died	61,030	13,538	74,568
Other ^(c)	4,905,637	3,670,076	8,575,713
Not reported	1,115	51	1,166
Total	5,530,195	3,843,331	9,373,526

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

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

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in table 6.44 at the end of this chapter.

Additional information

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

List of supplementary online tables

Table S6.1: Separations, by principal source of funds, public and private hospitals, 2008–09 to 2012–13

Table S6.2: Patient days by principal source of funds, public and private hospitals, states and territories, 2012–13

Table S6.3: Same-day and overnight separations by broad category of service, public hospitals, states and territories, 2012–13

Table S6.4: Same-day and overnight separations by broad category of service, private hospitals, states and territories, 2012–13

Table S6.5: Separations by inter-hospital contracted patient status and hospital sector, states and territories, 2012–13

Table S6.6: Separations with hospital in the home care, public and private hospitals, states and territories, 2012–13

Table 6.34: Separation, average cost weight, patient days and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
<i>Public hospitals</i>	1,716,789	1,429,453	1,044,011	606,809	413,756	106,358	94,712	118,307	5,530,195
Public acute hospitals	1,711,419	1,429,009	1,043,492	605,499	412,239	105,263	94,712	118,307	5,519,940
Public psychiatric hospitals	5,370	444	519	1,310	1,517	1,095	..	..	10,255
<i>Private hospitals</i>	1,082,500	943,381	933,661	451,942	298,159	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3,843,331
Private free-standing day hospital facilities	218,878	211,752	216,561	124,497	70,981	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	854,843
Other private hospitals ^(a)	863,622	731,629	717,100	327,445	227,178	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2,988,488
<i>Public acute and private hospitals</i>	2,793,919	2,372,390	1,977,153	1,057,441	710,398	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	9,363,271
All hospitals	2,799,289	2,372,834	1,977,672	1,058,751	711,915	n.p.	n.p.	n.p.	9,373,526
Overnight separations									
<i>Public hospitals</i>	947,449	641,888	520,905	279,791	222,508	50,532	44,624	38,818	2,746,515
Public acute hospitals	942,265	641,446	520,432	278,502	221,256	49,453	44,624	38,818	2,736,796
Public psychiatric hospitals	5,184	442	473	1,289	1,252	1,079	..	..	9,719
<i>Private hospitals</i>	302,790	320,821	294,580	137,362	91,676	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,196,405
Private free-standing day hospital facilities	0	7	1	1,418	0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,431
Other private hospitals ^(a)	302,790	320,814	294,579	135,944	91,676	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,194,974
<i>Public acute and private hospitals</i>	1,245,055	962,267	815,012	415,864	312,932	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3,933,201
All hospitals	1,250,239	962,709	815,485	417,153	314,184	n.p.	n.p.	n.p.	3,942,920
Same-day separations									
<i>Public hospitals</i>	769,340	787,565	523,106	327,018	191,248	55,826	50,088	79,489	2,783,680
Public acute hospitals	769,154	787,563	523,060	326,997	190,983	55,810	50,088	79,489	2,783,144
Public psychiatric hospitals	186	2	46	21	265	16	..	..	536
<i>Private hospitals</i>	779,710	622,560	639,081	314,580	206,483	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2,646,926
Private free-standing day hospital facilities	218,878	211,745	216,560	123,079	70,981	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	853,412
Other private hospitals ^(a)	560,832	410,815	422,521	191,501	135,502	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,793,514
<i>Public acute and private hospitals</i>	1,548,864	1,410,123	1,162,141	641,577	397,466	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	5,430,070
All hospitals	1,549,050	1,410,125	1,162,187	641,598	397,731	n.p.	n.p.	n.p.	5,430,606

(continued)

Table 6.34 (continued): Separation, average cost weight, patient day and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Same-day separations as a % of total									
<i>Public hospitals</i>	44.8	55.1	50.1	53.9	46.2	52.5	52.9	67.2	50.3
Public acute hospitals	44.9	55.1	50.1	54.0	46.3	53.0	52.9	67.2	50.4
Public psychiatric hospitals	3.5	0.5	8.9	1.6	17.5	1.5	..	..	5.2
<i>Private hospitals</i>	72.0	66.0	68.4	69.6	69.3	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	68.9
Private free-standing day hospital facilities	100.0	100.0	100.0	98.9	100.0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	99.8
Other private hospitals ^(a)	64.9	56.2	58.9	58.5	59.6	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	60.0
<i>Public acute and private hospitals</i>	55.4	59.4	58.8	60.7	55.9	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	58.0
All hospitals	55.3	59.4	58.8	60.6	55.9	n.p.	n.p.	n.p.	57.9
Separations per 1,000 population									
<i>Public hospitals</i>	219.6	239.5	224.3	247.9	228.0	189.5	263.7	561.6	232.1
Public acute hospitals	218.9	239.5	224.2	247.3	227.1	187.4	263.7	561.6	231.6
Public psychiatric hospitals	0.8	0.1	0.1	0.5	0.9	2.1	..	..	0.5
<i>Private hospitals</i>	136.8	156.5	197.1	183.1	156.5	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	158.7
Private free-standing day hospital facilities	27.8	35.3	45.6	50.6	36.0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	35.3
Other private hospitals ^(a)	109.0	121.2	151.6	132.4	120.5	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	123.4
<i>Public acute and private hospitals</i>	355.6	396.0	421.3	430.4	383.6	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	390.3
All hospitals	356.4	396.1	421.4	430.9	384.5	n.p.	n.p.	n.p.	390.8
Average public cost weight of separations^(b)									
<i>Public hospitals</i>	1.05	1.01	1.03	0.94	1.08	1.06	1.06	0.68	1.02
Public acute hospitals	1.06	1.01	1.03	0.94	1.08	1.06	1.06	0.68	1.02
Public psychiatric hospitals	2.32	2.21	2.83	2.69	2.16	1.05	..	..	2.31
<i>Private hospitals</i>	0.93	0.90	0.86	0.79	0.90	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.89
Private free-standing day hospital facilities	0.58	0.42	0.50	0.33	0.44	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.47
Other private hospitals ^(a)	1.03	1.04	0.98	0.97	1.06	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1.02
<i>Public acute and private hospitals</i>	1.01	0.97	0.95	0.87	1.01	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.97
All hospitals	1.01	0.97	0.95	0.88	1.01	n.p.	n.p.	n.p.	0.97

(continued)

Table 6.34 (continued): Separation, average cost weight, patient day and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average private cost weight of separations^(c)									
<i>Private hospitals</i>	0.88	1.00	0.91	0.89	0.95	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.92
Private free-standing day hospital facilities	0.43	0.30	0.35	0.28	0.33	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.35
Other private hospitals ^(a)	0.79	0.84	0.78	0.73	0.80	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.80
Patient days									
<i>Public hospitals</i>	6,387,014	4,629,716	3,295,250	1,920,265	1,600,110	359,760	327,728	302,980	18,822,823
Public acute hospitals	6,172,903	4,584,261	3,128,538	1,859,895	1,525,960	339,614	327,728	302,980	18,241,879
Public psychiatric hospitals	214,111	45,455	166,712	60,370	74,150	20,146	..	..	580,944
<i>Private hospitals</i>	2,464,340	2,310,738	2,219,627	910,944	639,419	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	8,872,946
Private free-standing day hospital facilities	218,878	211,759	216,561	124,497	70,981	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	854,933
Other private hospitals ^(a)	2,245,462	2,098,979	2,003,066	786,447	568,438	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	8,018,013
<i>Public acute and private hospitals</i>	8,637,243	6,894,999	5,348,165	2,770,839	2,165,379	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	27,114,825
All hospitals	8,851,354	6,940,454	5,514,877	2,831,209	2,239,529	n.p.	n.p.	n.p.	27,695,769
Patient days per 1,000 population									
<i>Public hospitals</i>	796.7	759.3	705.4	785.2	836.6	621.9	923.5	1,619.3	776.2
Public acute hospitals	767.6	751.2	668.5	760.5	793.9	587.2	923.5	1,619.3	750.8
Public psychiatric hospitals	29.0	8.2	36.9	24.7	42.7	34.6	..	..	25.5
<i>Private hospitals</i>	304.6	373.1	466.8	369.9	323.2	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	359.7
Private free-standing day hospital facilities	27.8	35.3	45.6	50.6	36.0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	35.3
Other private hospitals ^(a)	276.9	337.8	421.2	319.3	287.1	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	324.4
<i>Public acute and private hospitals</i>	1,072.3	1,124.2	1,135.3	1,130.4	1,117.1	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,110.4
All hospitals	1,101.3	1,132.4	1,172.2	1,155.1	1,159.7	n.p.	n.p.	n.p.	1,135.9

(continued)

Table 6.34 (continued): Separation, average cost weight, patient day and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (days)									
<i>Public hospitals</i>	3.7	3.2	3.2	3.2	3.9	3.4	3.5	2.6	3.4
Public acute hospitals	3.6	3.2	3.0	3.1	3.7	3.2	3.5	2.6	3.3
Public psychiatric hospitals ^(d)	39.9	102.4	321.2	46.1	48.9	18.4	..	..	56.6
<i>Private hospitals</i>	2.3	2.4	2.4	2.0	2.1	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2.3
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1.0
Other private hospitals ^(a)	2.6	2.9	2.8	2.4	2.5	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2.7
<i>Public acute and private hospitals</i>	3.1	2.9	2.7	2.6	3.0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2.9
All hospitals	3.2	2.9	2.8	2.7	3.1	n.p.	n.p.	n.p.	3.0
Average length of stay, excluding same-day separations (days)									
<i>Public hospitals</i>	5.9	6.0	5.3	5.7	6.3	6.0	6.2	5.8	5.8
Public acute hospitals	5.7	5.9	5.0	5.5	6.0	5.7	6.2	5.8	5.6
Public psychiatric hospitals ^(d)	41.3	102.8	352.4	46.8	59.0	18.7	..	..	59.7
<i>Private hospitals</i>	5.6	5.3	5.4	4.3	4.7	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	5.2
Private free-standing day hospital facilities	..	2.0	1.0	1.0	..	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1.1
Other private hospitals ^(a)	5.6	5.3	5.4	4.4	4.7	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	5.2
<i>Public acute and private hospitals</i>	5.7	5.7	5.1	5.1	5.6	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	5.5
All hospitals	5.8	5.7	5.3	5.2	5.9	n.p.	n.p.	n.p.	5.6

(a) Includes private psychiatric hospitals.

(b) Separations for which the care type was reported as *Acute*, or as *Newborn* (with qualified days), or was not reported. AR-DRG version 6.0x national public sector estimated cost weights 2010–11 were applied to AR-DRG version 6.0x DRGs for all rows in *Average public cost weight of separations*.

(c) AR-DRG version 6.0x national private sector estimated cost weights 2011–12 were applied to AR-DRG version 6.0x DRGs.

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.35: Separations, by state or territory of usual residence, public and private hospitals, states and territories, 2012–13

State or territory of usual residence	State or territory of hospitalisation									Separations per 1,000 population
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public hospitals										
New South Wales	1,687,152	29,150	11,264	804	1,713	357	16,581	549	1,747,570	223.2
Victoria	3,811	1,389,390	2,474	871	2,362	279	285	384	1,399,856	234.3
Queensland	12,354	1,520	1,021,384	790	492	187	187	668	1,037,582	222.6
Western Australia	621	582	613	600,251	360	85	48	2,808	605,368	247.1
South Australia	743	2,164	556	360	405,945	53	64	2,741	412,626	227.0
Tasmania	257	1,804	378	122	86	105,258	33	55	107,993	192.6
Australian Capital Territory	3,566	239	259	56	87	19	76,183	24	80,433	539.2
Northern Territory	254	264	538	282	1,657	10	8	110,787	113,800	223.7
Other Australian territories ^(a)	1,294	0	11	278	1,054	0	2	0	2,639	n.p.
Not elsewhere classified ^(b)	6,737	3,883	6,534	2,995	0	0	56	290	20,495	..
Not reported	0	457	0	0	0	110	1,265	1	1,833	..
<i>Total</i>	<i>1,716,789</i>	<i>1,429,453</i>	<i>1,044,011</i>	<i>606,809</i>	<i>413,756</i>	<i>106,358</i>	<i>94,712</i>	<i>118,307</i>	<i>5,530,195</i>	<i>232.1</i>
Private hospitals										
New South Wales	1,064,359	9,419	31,833	355	1,643	n.p.	n.p.	n.p.	1,115,299	140.5
Victoria	7,856	929,340	1,614	234	1,647	n.p.	n.p.	n.p.	940,936	156.1
Queensland	4,069	1,123	897,655	264	273	n.p.	n.p.	n.p.	903,549	190.7
Western Australia	378	426	311	450,592	176	n.p.	n.p.	n.p.	452,021	153.4
South Australia	383	670	283	121	291,076	n.p.	n.p.	n.p.	292,600	142.9
Tasmania	328	1,438	313	33	68	n.p.	n.p.	n.p.	82,780	183.1
Australian Capital Territory	2,257	239	230	25	46	n.p.	n.p.	n.p.	34,596	96.2
Northern Territory	393	499	730	179	1,078	n.p.	n.p.	n.p.	15,733	77.5
Other Australian territories ^(a)	1,766	0	86	67	0	n.p.	n.p.	n.p.	4,073	n.p.
Not elsewhere classified ^(b)	711	227	606	72	0	n.p.	n.p.	n.p.	1,653	..
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	91	..
<i>Total</i>	<i>1,082,500</i>	<i>943,381</i>	<i>933,661</i>	<i>451,942</i>	<i>298,159</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,843,331</i>	<i>158.7</i>
All hospitals	2,799,289	2,372,834	1,977,672	1,058,751	711,915	n.p.	n.p.	n.p.	9,373,526	390.8

(a) Includes Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory.

(b) Includes *Resident overseas, At sea and No fixed address*.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.36: Separations, by age group and sex, public hospitals, states and territories, 2012–13

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	34,432	16,600	15,247	7,925	5,585	1,516	1,314	1,376	83,995
	1–4	27,661	19,032	18,614	10,200	7,199	1,433	1,269	1,612	87,020
	5–14	36,013	23,152	24,048	12,757	8,456	1,903	1,980	1,821	110,130
	15–24	44,206	32,846	33,075	17,037	10,831	2,447	2,790	2,518	145,750
	25–34	49,497	40,170	36,463	22,841	11,701	2,762	3,147	5,056	171,637
	35–44	64,793	57,437	48,489	28,570	16,832	4,418	4,512	7,862	232,913
	45–54	92,412	80,515	63,443	37,314	23,924	6,830	5,013	12,499	321,950
	55–64	125,841	116,462	83,307	47,132	31,671	9,066	7,513	10,515	431,507
	65–74	151,649	146,171	89,694	53,287	34,762	10,879	10,044	5,511	501,997
	75–84	152,527	131,967	72,531	44,886	38,731	9,804	7,400	2,351	460,197
	85 and over	58,431	41,298	24,791	17,875	14,654	2,621	3,405	302	163,377
	<i>Total^(a)</i>		<i>837,463</i>	<i>705,650</i>	<i>509,702</i>	<i>299,824</i>	<i>204,346</i>	<i>53,679</i>	<i>48,387</i>	<i>51,423</i>	2,710,474
Females	Under 1	28,080	12,320	11,249	5,957	4,041	1,105	1,068	1,080	64,900
	1–4	19,691	12,156	13,137	6,898	4,976	999	949	1,216	60,022
	5–14	26,600	18,824	18,220	9,777	6,661	1,396	1,268	1,494	84,240
	15–24	68,211	54,020	60,723	28,017	19,013	4,542	4,069	5,586	244,181
	25–34	117,689	99,441	82,415	41,854	28,790	6,464	7,585	8,700	392,938
	35–44	87,861	81,462	61,617	34,874	22,224	5,593	5,803	11,222	310,656
	45–54	82,294	82,241	60,866	36,841	23,393	6,765	4,880	14,342	311,622
	55–64	98,117	95,224	63,780	41,829	23,743	7,488	5,209	14,892	350,282
	65–74	131,766	111,537	67,532	40,743	26,741	8,604	6,238	6,538	399,699
	75–84	137,189	106,431	63,006	38,791	30,534	6,604	5,847	1,424	389,826
	85 and over	81,802	50,141	31,764	21,404	19,294	3,119	3,409	390	211,323
	<i>Total^(a)</i>		<i>879,301</i>	<i>723,797</i>	<i>534,309</i>	<i>306,985</i>	<i>209,410</i>	<i>52,679</i>	<i>46,325</i>	<i>66,884</i>	2,819,690
Total^(a)		1,716,789	1,429,453	1,044,011	606,809	413,756	106,358	94,712	118,307	5,530,195

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.37: Separations, by age group and sex, private hospitals, states and territories, 2012–13

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	5,554	3,986	2,937	1,928	894	n.p.	n.p.	n.p.	15,683
	1–4	7,557	4,964	5,395	3,389	1,977	n.p.	n.p.	n.p.	24,155
	5–14	9,658	7,209	7,635	4,011	2,150	n.p.	n.p.	n.p.	31,882
	15–24	20,635	19,163	15,790	9,087	5,685	n.p.	n.p.	n.p.	73,027
	25–34	24,035	21,084	19,542	12,494	6,301	n.p.	n.p.	n.p.	86,620
	35–44	38,163	33,230	31,796	19,286	8,905	n.p.	n.p.	n.p.	135,810
	45–54	57,936	51,572	50,545	28,718	15,195	n.p.	n.p.	n.p.	211,405
	55–64	94,679	81,827	86,215	43,049	27,809	n.p.	n.p.	n.p.	345,569
	65–74	117,090	94,810	108,871	45,613	35,412	n.p.	n.p.	n.p.	415,765
	75–84	78,918	70,265	70,166	31,589	24,507	n.p.	n.p.	n.p.	284,425
	85 and over	31,008	29,360	28,985	12,291	10,397	n.p.	n.p.	n.p.	115,375
<i>Total^(a)</i>	<i>485,233</i>	<i>417,470</i>	<i>427,877</i>	<i>211,455</i>	<i>139,246</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,739,730</i>	
Females	Under 1	3,848	2,621	1,927	1,246	417	n.p.	n.p.	n.p.	10,370
	1–4	4,808	3,273	3,631	2,189	1,291	n.p.	n.p.	n.p.	15,807
	5–14	8,516	6,443	6,619	3,556	2,001	n.p.	n.p.	n.p.	28,229
	15–24	32,311	30,736	28,971	14,749	6,926	n.p.	n.p.	n.p.	117,995
	25–34	64,417	58,454	53,875	28,352	12,814	n.p.	n.p.	n.p.	226,762
	35–44	76,733	75,878	62,581	32,185	16,328	n.p.	n.p.	n.p.	273,314
	45–54	76,208	72,183	67,688	35,766	19,812	n.p.	n.p.	n.p.	282,117
	55–64	102,976	88,037	87,410	44,859	29,986	n.p.	n.p.	n.p.	366,659
	65–74	112,346	86,025	91,576	38,326	31,618	n.p.	n.p.	n.p.	372,472
	75–84	79,664	67,952	68,426	28,210	25,373	n.p.	n.p.	n.p.	279,196
	85 and over	35,437	34,298	33,080	11,049	12,333	n.p.	n.p.	n.p.	130,651
<i>Total^(a)</i>	<i>597,264</i>	<i>525,900</i>	<i>505,784</i>	<i>240,487</i>	<i>158,902</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,103,575</i>	
Total^(a)	1,082,500	943,381	933,661	451,942	298,159	n.p.	n.p.	n.p.	3,843,331	

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.38: Separations, by Indigenous status, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Aboriginal but not Torres Strait Islander origin	72,877	15,838	73,834	55,614	23,090	3,297	1,920	81,945	328,415
Torres Strait Islander but not Aboriginal origin	1,043	259	10,717	433	332	168	71	301	13,324
Aboriginal and Torres Strait Islander origin	1,592	1,638	5,935	742	70	181	55	876	11,089
<i>Indigenous people</i>	<i>75,512</i>	<i>17,735</i>	<i>90,486</i>	<i>56,789</i>	<i>23,492</i>	<i>3,646</i>	<i>2,046</i>	<i>83,122</i>	<i>352,828</i>
Neither Aboriginal nor Torres Strait Islander origin	1,632,944	1,398,497	942,770	550,013	372,687	101,444	89,574	35,182	5,123,111
Not reported	8,333	13,221	10,755	7	17,577	1,268	3,092	3	54,256
<i>Total</i>	<i>1,716,789</i>	<i>1,429,453</i>	<i>1,044,011</i>	<i>606,809</i>	<i>413,756</i>	<i>106,358</i>	<i>94,712</i>	<i>118,307</i>	<i>5,530,195</i>
Private hospitals									
Aboriginal but not Torres Strait Islander origin	2,352	665	2,620	20,327	353	n.p.	n.p.	n.p.	27,441
Torres Strait Islander but not Aboriginal origin	92	156	765	330	76	n.p.	n.p.	n.p.	1,473
Aboriginal and Torres Strait Islander origin	691	724	634	492	171	n.p.	n.p.	n.p.	2,896
<i>Indigenous people</i>	<i>3,135</i>	<i>1,545</i>	<i>4,019</i>	<i>21,149</i>	<i>600</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>31,810</i>
Neither Aboriginal nor Torres Strait Islander origin	1,045,488	936,139	866,174	430,793	281,789	n.p.	n.p.	n.p.	3,674,987
Not reported	33,877	5,697	63,468	0	15,770	n.p.	n.p.	n.p.	136,534
<i>Total</i>	<i>1,082,500</i>	<i>943,381</i>	<i>933,661</i>	<i>451,942</i>	<i>298,159</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,843,331</i>
All hospitals									
<i>Indigenous people</i>	<i>78,647</i>	<i>19,280</i>	<i>94,505</i>	<i>77,938</i>	<i>24,092</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>384,638</i>
<i>Other Australians</i>	<i>2,720,642</i>	<i>2,353,554</i>	<i>1,883,167</i>	<i>980,813</i>	<i>687,823</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>8,988,888</i>
Total^(a)	2,799,289	2,372,834	1,977,672	1,058,751	711,915	n.p.	n.p.	n.p.	9,373,526
Separation rate for Indigenous people per 1,000	678.3	778.5	917.2	1,613.6	1,233.1	286.5	709.0	1,911.0	1,038.4
Separation rate for other Australians per 1,000	358.0	403.1	419.8	422.0	382.7	332.2	380.1	329.4	389.1
Separation rate for all people per 1,000	362.9	404.6	430.3	445.0	391.8	330.9	383.1	648.9	399.1
Separation rate ratio ^(a)	1.9	1.9	2.2	3.8	3.2	0.9	1.9	5.8	2.7

(a) The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.39: Overnight separations, by Indigenous status, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Aboriginal but not Torres Strait Islander origin	37,463	6,318	30,060	24,368	8,577	1,838	1,078	20,720	130,422
Torres Strait Islander but not Aboriginal origin	675	167	3,810	127	212	76	15	102	5,184
Aboriginal and Torres Strait Islander origin	1,014	732	2,497	267	45	107	38	283	4,983
<i>Indigenous people</i>	<i>39,152</i>	<i>7,217</i>	<i>36,367</i>	<i>24,762</i>	<i>8,834</i>	<i>2,021</i>	<i>1,131</i>	<i>21,105</i>	<i>140,589</i>
Neither Aboriginal nor Torres Strait Islander origin	903,006	628,301	478,322	255,025	204,881	47,880	42,436	17,712	2,577,563
Not reported	5,291	6,370	6,216	4	8,793	631	1,057	1	28,363
<i>Total</i>	<i>947,449</i>	<i>641,888</i>	<i>520,905</i>	<i>279,791</i>	<i>222,508</i>	<i>50,532</i>	<i>44,624</i>	<i>38,818</i>	<i>2,746,515</i>
Private hospitals									
Aboriginal but not Torres Strait Islander origin	838	289	680	211	108	n.p.	n.p.	n.p.	2,575
Torres Strait Islander but not Aboriginal origin	34	87	134	13	26	n.p.	n.p.	n.p.	319
Aboriginal and Torres Strait Islander origin	195	314	128	61	51	n.p.	n.p.	n.p.	839
<i>Indigenous people</i>	<i>1,067</i>	<i>690</i>	<i>942</i>	<i>285</i>	<i>185</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,733</i>
Neither Aboriginal nor Torres Strait Islander origin	293,607	317,524	280,891	137,077	89,804	n.p.	n.p.	n.p.	1,163,480
Not reported	8,116	2,607	12,747	0	1,687	n.p.	n.p.	n.p.	29,192
<i>Total</i>	<i>302,790</i>	<i>320,821</i>	<i>294,580</i>	<i>137,362</i>	<i>91,676</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,196,405</i>
All hospitals									
<i>Indigenous people</i>	<i>40,219</i>	<i>7,907</i>	<i>37,309</i>	<i>25,047</i>	<i>9,019</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>144,322</i>
<i>Other Australians</i>	<i>1,210,020</i>	<i>954,802</i>	<i>778,176</i>	<i>392,106</i>	<i>305,165</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,798,598</i>
Total	1,250,239	962,709	815,485	417,153	314,184	n.p.	n.p.	n.p.	3,942,920
Separation rate for Indigenous people per 1,000	304.4	272.0	311.2	398.9	380.4	153.1	344.3	376.6	324.5
Separation rate for other Australians per 1,000	161.2	164.7	174.7	170.1	172.4	140.8	168.5	165.7	166.0
Separation rate for all people per 1,000	163.9	165.3	178.5	176.6	175.5	140.8	170.3	218.8	169.4
Separation rate ratio ^(a)	1.9	1.7	1.8	2.3	2.2	1.1	2.0	2.3	2.0

(a) The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 6.1, 6.2, and 6.3 for notes on data limitations and methods.

Table 6.40: Separations for selected potentially preventable hospitalisations^(a), by state or territory of usual residence, all hospitals, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Vaccine-preventable conditions									
Influenza and pneumonia	5,456	3,797	4,883	2,263	1,925	490	262	419	19,512
Other vaccine-preventable conditions	1,133	1,301	865	401	179	78	29	277	4,266
<i>Total vaccine-preventable conditions^(c)</i>	<i>6,575</i>	<i>5,085</i>	<i>5,733</i>	<i>2,657</i>	<i>2,104</i>	<i>568</i>	<i>291</i>	<i>691</i>	<i>23,724</i>
<i>Vaccine-preventable PPH separations per 1,000 population</i>	<i>0.8</i>	<i>0.9</i>	<i>1.3</i>	<i>1.1</i>	<i>1.1</i>	<i>1.0</i>	<i>0.9</i>	<i>3.6</i>	<i>1.0</i>
Acute conditions									
Appendicitis with generalised peritonitis	2,744	2,079	1,918	895	661	166	114	107	8,692
Cellulitis	15,397	9,748	11,284	4,561	3,780	920	529	869	47,133
Convulsions and epilepsy	11,321	6,999	8,323	3,688	2,800	677	503	705	35,049
Dehydration and gastroenteritis	21,043	15,263	14,781	6,486	5,261	1,153	592	671	65,296
Dental conditions	16,870	14,893	13,024	9,550	6,090	1,572	761	787	63,597
Ear, nose and throat infections	11,395	7,114	9,171	4,806	3,434	553	384	688	37,578
Gangrene	1,275	2,527	1,514	1,055	431	169	68	160	7,207
Pelvic inflammatory disease	1,152	1,056	1,144	515	296	89	71	136	4,460
Perforated/bleeding ulcer	1,834	1,302	1,002	568	480	130	58	38	5,413
Pyelonephritis	20,606	14,566	15,811	7,282	5,385	910	889	720	66,211
<i>Total acute conditions^(c)</i>	<i>103,585</i>	<i>75,454</i>	<i>77,907</i>	<i>39,373</i>	<i>28,598</i>	<i>6,331</i>	<i>3,966</i>	<i>4,871</i>	<i>340,352</i>
<i>Acute PPH separations per 1,000 population</i>	<i>13.7</i>	<i>13.1</i>	<i>17.2</i>	<i>16.7</i>	<i>16.5</i>	<i>11.9</i>	<i>11.3</i>	<i>23.2</i>	<i>14.8</i>

(continued)

Table 6.40 (continued): Separations for selected potentially preventable hospitalisations^(a), by state or territory of usual residence, all hospitals, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Chronic conditions									
Angina	8,564	5,302	8,913	3,004	2,563	614	216	337	29,532
Asthma	12,829	9,089	7,882	2,926	3,226	605	404	420	37,395
Chronic obstructive pulmonary disease	22,894	15,028	15,339	5,739	5,898	1,580	708	1,211	68,437
Congestive cardiac failure	16,947	13,604	10,192	4,805	4,275	1,154	542	552	52,106
Diabetes complications	56,058	45,342	46,741	31,152	14,990	4,775	1,772	2,386	203,394
Hypertension	2,619	1,908	2,489	659	674	120	66	58	8,600
Iron deficiency anaemia	9,738	11,709	5,948	4,257	3,104	1,201	384	269	36,639
Nutritional deficiencies	122	91	92	23	21	10	20	39	418
Rheumatic heart disease ^(d)	682	568	696	371	273	28	28	260	2,911
<i>Total chronic conditions^(c)</i>	<i>122,402</i>	<i>96,406</i>	<i>92,538</i>	<i>50,328</i>	<i>32,642</i>	<i>9,567</i>	<i>3,928</i>	<i>5,138</i>	<i>413,258</i>
<i>Chronic PPH separations per 1,000 population</i>	<i>15.1</i>	<i>15.8</i>	<i>19.9</i>	<i>21.3</i>	<i>16.5</i>	<i>15.5</i>	<i>12.0</i>	<i>30.5</i>	<i>17.0</i>
<i>Total chronic conditions, excluding diabetes^(c)</i>	<i>74,395</i>	<i>57,299</i>	<i>51,551</i>	<i>21,784</i>	<i>20,034</i>	<i>5,312</i>	<i>2,368</i>	<i>3,146</i>	<i>236,038</i>
<i>Chronic PPH (excluding diabetes) separations per 1,000 population</i>	<i>9.2</i>	<i>9.4</i>	<i>11.2</i>	<i>9.3</i>	<i>10.1</i>	<i>8.6</i>	<i>7.2</i>	<i>19.1</i>	<i>9.7</i>
Total selected potentially preventable hospitalisations^(c)	231,368	175,861	174,962	91,741	62,887	16,356	8,130	10,500	772,398
Total PPH separations per 1,000 population	29.5	29.6	38.1	38.9	33.9	28.2	23.9	56.3	32.6

PPH—potentially preventable hospitalisation.

(a) These conditions are defined using ICD-10-AM codes in Appendix B tables accompanying this report online.

(b) Includes other territories and excludes overseas residents and unknown state of residence.

(c) Excludes multiple diagnoses for the same separation within the same group.

(d) Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.41: Separations, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,614,570	1,375,204	984,757	583,629	393,762	102,023	88,879	116,574	5,259,398
Rehabilitation care	35,533	15,264	27,012	11,564	10,069	911	2,608	259	103,220
Palliative care	13,129	7,342	8,404	1,518	1,411	553	600	315	33,272
Geriatric evaluation and management	6,497	17,920	4,606	1,964	1,479	266	456	96	33,284
Psychogeriatric care	809	0	472	792	268	114	28	2	2,485
Maintenance care	9,590	470	7,494	1,412	2,290	866	777	163	23,062
Newborn–qualified days only	33,387	11,612	8,573	4,781	2,784	1,477	1,140	833	64,587
Newborn–qualified and unqualified days ^(b)	3,273	1,641	2,691	1,149	1,693	101	219	0	10,767
Newborn–unqualified days only	42,145	47,510	36,118	19,614	12,249	2,467	3,807	2,832	166,742
<i>Newborn total</i>	<i>78,805</i>	<i>60,763</i>	<i>47,382</i>	<i>25,544</i>	<i>16,726</i>	<i>4,045</i>	<i>5,166</i>	<i>3,665</i>	<i>242,096</i>
Other admitted patient care	1	0	2	0	0	6	5	65	79
Not reported	0	0	0	0	0	41	0	0	41
<i>Total^(c)</i>	<i>1,758,934</i>	<i>1,476,963</i>	<i>1,080,129</i>	<i>626,423</i>	<i>426,005</i>	<i>108,825</i>	<i>98,519</i>	<i>121,139</i>	<i>5,696,937</i>

(continued)

Table 6.41 (continued): Separations, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals									
Acute care	926,838	913,451	888,748	442,753	275,011	n.p.	n.p.	n.p.	3,570,183
Rehabilitation care	147,723	20,119	38,128	3,270	22,040	n.p.	n.p.	n.p.	240,519
Palliative care	318	693	1,946	2,683	229	n.p.	n.p.	n.p.	6,007
Geriatric evaluation and management	0	0	130	0	60	n.p.	n.p.	n.p.	204
Psychogeriatric care	0	5,466	6	849	0	n.p.	n.p.	n.p.	6,321
Maintenance care	102	44	1,997	103	14	n.p.	n.p.	n.p.	2,300
Newborn—qualified days only	6,954	3,318	2,291	1,465	805	n.p.	n.p.	n.p.	15,220
Newborn—qualified and unqualified days	565	290	415	819	0	n.p.	n.p.	n.p.	2,211
Newborn—unqualified days only	16,739	2,440	15,918	8,873	772	n.p.	n.p.	n.p.	48,138
<i>Newborn total</i>	<i>24,258</i>	<i>6,048</i>	<i>18,624</i>	<i>11,157</i>	<i>1,577</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>65,569</i>
Other admitted patient care	0	0	0	0	0	n.p.	n.p.	n.p.	4
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	362
<i>Total^(c)</i>	<i>1,099,239</i>	<i>945,821</i>	<i>949,579</i>	<i>460,815</i>	<i>298,931</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,891,469</i>

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(b) Public hospitals in the Northern Territory did not report any separations for *Newborn* care with both qualified and unqualified days.

(c) Total separations include records for *Newborn* (without qualified days).

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.42: Patient days, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	5,196,801	3,675,744	2,461,885	1,520,263	1,231,434	298,002	258,686	271,400	14,914,215
Rehabilitation care	586,645	319,336	357,686	226,604	126,010	23,042	27,838	9,767	1,676,928
Palliative care	135,920	94,384	64,327	14,658	16,092	5,182	6,820	3,361	340,744
Geriatric evaluation and management	80,517	369,653	63,899	19,209	24,878	4,883	5,605	2,056	570,700
Psychogeriatric care	44,535	0	15,218	36,754	10,328	7,879	306	2	115,022
Maintenance care	175,861	47,564	242,288	52,668	148,395	8,609	16,755	8,197	700,337
Newborn—qualified days	166,734	123,035	89,939	50,109	42,973	11,348	11,697	8,095	503,930
Newborn—unqualified days	112,153	116,998	74,727	47,314	33,493	5,939	8,178	7,556	406,358
Newborn total	278,887	240,033	164,666	97,423	76,466	17,287	19,875	15,651	910,288
Other admitted patient care	1	0	8	0	0	52	21	102	184
Not reported	0	0	0	0	0	763	0	0	763
<i>Total</i> ^(b)	<i>6,387,014</i>	<i>4,629,716</i>	<i>3,295,250</i>	<i>1,920,265</i>	<i>1,600,110</i>	<i>359,760</i>	<i>327,728</i>	<i>302,980</i>	<i>18,822,823</i>

(continued)

Table 6.42 (continued): Patient days, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals									
Acute care	1,935,943	1,977,705	1,956,758	804,114	558,285	n.p.	n.p.	n.p.	7,512,905
Rehabilitation total	483,208	269,820	169,232	55,077	70,727	n.p.	n.p.	n.p.	1,088,903
Palliative care	3,982	8,199	26,133	24,725	3,363	n.p.	n.p.	n.p.	68,483
Geriatric evaluation and management	0	0	2,523	0	407	n.p.	n.p.	n.p.	3,013
Psychogeriatric care	0	32,100	93	12,156	0	n.p.	n.p.	n.p.	44,349
Maintenance care	1,269	665	38,243	2,848	937	n.p.	n.p.	n.p.	44,002
Newborn–qualified days	39,938	22,249	26,645	12,024	5,700	n.p.	n.p.	n.p.	110,577
Newborn–unqualified days	73,954	11,055	62,418	38,658	3,217	n.p.	n.p.	n.p.	203,182
Newborn total	113,892	33,304	89,063	50,682	8,917	n.p.	n.p.	n.p.	313,759
Other admitted patient care	0	0	0	0	0	n.p.	n.p.	n.p.	11
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	703
<i>Total</i> ^(b)	<i>2,464,340</i>	<i>2,310,738</i>	<i>2,219,627</i>	<i>910,944</i>	<i>639,419</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>8,872,946</i>

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low numbers of days in this category.

(b) Total patient days exclude unqualified days for *Newborns*.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.43: Separations by principal source of funds, public and private hospitals, states and territories, 2012–13

Principal source of funds	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public ^(a)	1,314,978	1,197,467	897,279	551,258	366,206	84,308	81,372	114,970	4,607,838
Private health insurance	308,605	178,137	105,873	35,958	30,282	18,104	8,278	839	686,076
Self-funded	23,779	12,365	13,965	939	1,585	111	10	564	53,318
Workers compensation	6,942	4,769	5,697	1,898	1,174	343	423	414	21,660
Motor vehicle third party personal claim	8,758	7,492	4,314	3,435	2,257	663	275	624	27,818
Department of Veterans' Affairs	46,013	20,318	15,622	6,887	9,370	2,215	3,468	261	104,154
Other ^(b)	7,714	8,905	1,261	6,434	2,882	614	886	635	29,331
<i>Total</i>	<i>1,716,789</i>	<i>1,429,453</i>	<i>1,044,011</i>	<i>606,809</i>	<i>413,756</i>	<i>106,358</i>	<i>94,712</i>	<i>118,307</i>	<i>5,530,195</i>
Private hospitals									
Public ^(a)	8,307	2,858	22,311	81,031	3,680	n.p.	n.p.	n.p.	119,236
Private health insurance	895,044	808,292	751,030	327,106	263,699	n.p.	n.p.	n.p.	3,152,158
Self-funded	112,240	82,496	63,447	17,301	10,407	n.p.	n.p.	n.p.	290,799
Workers compensation	21,056	11,879	14,076	8,065	4,953	n.p.	n.p.	n.p.	61,745
Motor vehicle third party personal claim	1,281	3,208	495	699	494	n.p.	n.p.	n.p.	6,349
Department of Veterans' Affairs	43,613	32,784	73,761	15,342	13,008	n.p.	n.p.	n.p.	184,807
Other ^(b)	959	1,864	8,541	2,398	1,918	n.p.	n.p.	n.p.	28,237
<i>Total</i>	<i>1,082,500</i>	<i>943,381</i>	<i>933,661</i>	<i>451,942</i>	<i>298,159</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,843,331</i>
All hospitals	2,799,289	2,372,834	1,977,672	1,058,751	711,915	n.p.	n.p.	n.p.	9,373,526

(a) Public patients includes separations with a funding source of *Health Service budget* (including *Health Service budget due to Reciprocal health care agreements* and *Health Service budget—no charge raised due to hospital decision* in public hospitals) and *Other hospital or public authority* (with a *Public patient election status*).

(b) Other includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public patient election status*), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.44: Separations, by mode of separation, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an (other) acute hospital	109,978	76,359	65,700	30,074	26,986	4,024	3,114	3,470	319,705
Discharge/transfer to residential aged care service ^(a)	17,629	22,239	4,824	8,038	8,751	874	465	342	63,162
Discharge/transfer to an (other) psychiatric hospital	2,035	1,541	151	1,126	1,141	744	89	11	6,838
Discharge/transfer to other health-care accommodation ^(b)	4,339	3,470	2,204	1,380	1,479	190	366	2,100	15,528
Statistical discharge: type change	34,117	16,144	30,572	10,873	4,597	2,011	3,486	1,327	103,127
Left against medical advice/discharge at own risk	17,943	6,607	10,302	5,645	3,469	371	457	3,759	48,553
Statistical discharge from leave	3,234	24	856	1,193	193	0	0	0	5,500
Died	23,596	14,698	10,701	4,220	4,879	1,479	976	481	61,030
Other ^(c)	1,503,317	1,287,927	918,701	544,258	362,248	96,654	85,715	106,817	4,905,637
Not reported	601	444	0	2	13	11	44	0	1,115
<i>Total</i>	<i>1,716,789</i>	<i>1,429,453</i>	<i>1,044,011</i>	<i>606,809</i>	<i>413,756</i>	<i>106,358</i>	<i>94,712</i>	<i>118,307</i>	<i>5,530,195</i>
Private hospitals									
Discharge/transfer to an (other) acute hospital	23,062	20,307	8,158	3,245	7,103	n.p.	n.p.	n.p.	63,259
Discharge/transfer to residential aged care service ^(a)	1,357	2,798	1,136	838	1,084	n.p.	n.p.	n.p.	7,517
Discharge/transfer to an (other) psychiatric hospital	64	56	20	25	30	n.p.	n.p.	n.p.	199
Discharge/transfer to other health-care accommodation ^(b)	62,919	20	769	195	244	n.p.	n.p.	n.p.	64,372
Statistical discharge: type change	5,714	3,863	8,006	2,881	491	n.p.	n.p.	n.p.	21,933
Left against medical advice/discharge at own risk	922	495	475	146	60	n.p.	n.p.	n.p.	2,145
Statistical discharge from leave	163	0	64	12	2	n.p.	n.p.	n.p.	241
Died	2,002	3,461	4,351	2,120	1,088	n.p.	n.p.	n.p.	13,538
Other ^(c)	986,297	912,381	910,682	442,480	288,006	n.p.	n.p.	n.p.	3,670,076
Not reported	0	0	0	0	51	n.p.	n.p.	n.p.	51
<i>Total</i>	<i>1,082,500</i>	<i>943,381</i>	<i>933,661</i>	<i>451,942</i>	<i>298,159</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,843,331</i>

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

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

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.