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# Non-admitted patient care 2013–14



Australian hospital statistics





**Australian Government**

**Australian Institute of  
Health and Welfare**

*Authoritative information and statistics  
to promote better health and wellbeing*

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# **Non-admitted patient care 2013–14 Australian hospital statistics**

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Canberra

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**The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.**

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# Foreword

I am pleased to present *Non-admitted patient care 2013–14: Australian hospital statistics*, an authoritative annual report that contains information about the care provided to non-admitted patients by Australia’s public hospitals for the period 1 July 2013 to 30 June 2014.

For the first time, information is included about the characteristics of the patients who received non-admitted patient care, how the service was delivered and how it was funded. This information is based on data provided by the states and territories for the Non-admitted patient care National Minimum Data Set, along with episode-level data from the Non-admitted patient Data Set Specification, both provided to the AIHW for the first time for the 2013–14 reporting period.

A report on care provided for admitted patients was released in *Admitted patient care 2013–14: Australian hospital statistics* in March 2015. A report on hospital resources for 2013–14, and a shorter companion report – *Australia’s hospitals 2013–14: at a glance* – will also be released on the same day as this report.

The *Australian hospital statistics* reports are based on the AIHW’s comprehensive national hospitals databases. These databases are also the source of data for nationally agreed hospital performance indicators reported by the National Health Performance Authority. As well, the Steering Committee for the Review of Government Service Provision uses these data for its *Report on Government Services*.

The Institute is committed to working with stakeholders to improve the national statistical information on hospitals and its relevance to contemporary public policy debate on hospital service delivery. It is committed to better understanding how the whole health system works together to inform policy development and service delivery which will improve health outcomes for Australians. We look forward to continuing to work with data users and data providers to further improve the timeliness, quality and usefulness of the national data collections and on further enhancing the presentation of information in our *Australian hospital statistics* products.

Kerry Flanagan  
Acting Director

June 2015

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- Jenny Hargreaves (AIHW) (Chair)
- Tomi Adejoro (South Australian Department for Health and Ageing)
- Andrew Bailey (Australian Capital Territory Health Directorate)
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Within the AIHW, Katrina Burgess, Tony Mole and George Bodilsen prepared the report, with expert advice from Jenny Hargreaves.

## Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ASGS	Australian Statistical Geography Standard
IHPA	Independent Hospital Pricing Authority
MBS	Medicare Benefits Scheme
METeOR	Metadata Online Registry
NMDS	National Minimum Data Set
NNAPC(agg)D	National Non-admitted Patient Care (aggregate) Database
NNAP(el)D	National Non-admitted Patient (episode-level) Database
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NOCD	National Outpatient Care Database
NPHEd	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SEIFA	Socio-economic Indexes for Areas
SA2	Statistical Area level 2
SLA	Statistical Local Area
Tas	Tasmania
Vic	Victoria
WA	Western Australia

## Symbols

..	not applicable
n.a.	not available
n.p.	not published



# Summary

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

## How much non-admitted patient activity was reported?

In 2013–14, about 46 million non-admitted patient occasions of service were reported by 558 public hospitals. They included more than 6 million emergency occasions of service, almost 18 million occasions of service for outpatient care and 22 million occasions of service for other non-admitted patient care.

### Emergency services

Between 2009–10 and 2013–14, the number of emergency occasions of service increased by an average of 2.6% each year (after adjusting for the missing data for Victoria). The Australian Capital Territory reported the highest average annual increase of 4.2%.

*Public acute group A hospitals and Principal referral and women's and children's hospitals* accounted for more than half of all emergency occasions of service reported (31% and 28%, respectively).

### Outpatient care services

Between 2009–10 and 2013–14, the number of occasions of service for outpatient care increased by 2.5% on average each year (after adjusting for the missing data for Victoria).

In 2013–14, summary clinic-level information on outpatient care was provided for almost 26 million service events by 357 public hospitals. Detailed episode-level data were available for more than 10 million (39%) of these service events.

In 2013–14, about 42% of outpatient care service events (clinic-level) were for *Allied health and/or clinical nurse specialist interventions* and 34% were for *Medical consultations*.

The most common outpatient care service for *Allied health and/or clinical nurse specialist interventions* was *Midwifery and maternity* (1.7 million service events) and the most common *Medical consultation* was for *Orthopaedics* (960,000 service events).

In 2013–14, about 56% of outpatient care service events (at the episode-level) were for females and 30% of service events were for people aged 65 and over.

About 4% of outpatient care service events were for Indigenous Australians.

People living in *Major cities* accounted for about 70% of outpatient care service events.

### Other non-admitted patient services

Between 2009–10 and 2013–14, the number of occasions of service for other non-admitted patient care increased by 3.2% on average each year (after adjusting for the missing data for Victoria).

In 2013–14, about 37% of individual occasions of service reported for other non-admitted patient care were for *Pathology*, 22% were for *Pharmacy* and 16% were for *Community health services*.



# 1 Introduction

*Non-admitted patient care 2013–14: Australian hospital statistics* focuses on information about services provided for non-admitted patients by Australia's public hospitals. It continues the Australian Institute of Health and Welfare's (AIHW) *Australian hospital statistics* series of reports describing the characteristics and activity of Australia's hospitals.

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

The AIHW has previously published non-admitted patient care information as part of comprehensive reports for the financial years 1993–94 to 2012–13 (AIHW 2014a and earlier).

More detailed reports on some aspects of Australia's hospitals for 2013–14 have already been published separately in, for example, *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a), *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014b), *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c) and *Staphylococcus aureus bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics* (AIHW 2014d).

A report on hospital resources – *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015b) is being released at the same time as this report. A shorter companion report – *Australia's hospitals 2013–14 at a glance* (AIHW 2015c) – will also be released, providing a summary of all hospitals-related information for 2013–14, in a form accessible to a general readership.

This chapter presents information on what's in this report, what data are reported and where to go for more information.

## 1.1 What's in this report?

### Structure of this report

This introduction covers questions about non-admitted patient care, including:

- What data are reported? – outlining the data sources used and including information on differences between the data sources that affect the interpretation of the data presented.
- What are the limitations of the data? – including caveat information that should be considered when interpreting the data presented.
- What methods were used? – outlining issues such as inclusions and exclusions of establishments and calculation methods, with references to more detailed information in the technical appendix.

The chapters contain short, self-contained sections on specific topics within the broad chapter topic. The data presented answer, where possible, the following issues:

- How has activity changed over time?
- How much non-admitted patient care was provided in 2013–14?
- Where to go for more information.

The chapters are:

- Chapter 2 – Emergency services – presenting information on emergency occasions of service.
- Chapter 3 – Outpatient care – presenting information on outpatient procedures, medical consultations, stand-alone diagnostics and outpatient services provided by allied health professionals or clinical nurse specialists.
- Chapter 4 – Other non-admitted patient care – presenting information on other services provided for non-admitted patients, including pathology and other diagnostic services, community health, district nursing and outreach services.

Appendix A provides summary information on the databases used in preparing this report and issues affecting the quality or comparability of the data.

Appendix B includes notes on definitions and classifications, the presentation of data and analysis methods.

Appendix C presents information on the hospital peer groups used in this report.

The Glossary provides definitions for many of the common terms used in this report.

## 1.2 What data are reported?

Information on non-admitted patient care has been reported in the *Australian hospital statistics* (AHS) reports since the first report on the 1993–94 and 1994–95 collection periods.

This section presents information on the data sources used in this report. It includes information on the differences in scopes, definitions and counting units used to report to the different data sources.

### National Public Hospital Establishments Database

Between 1993–94 and 2013–14, non-admitted patient data presented in AHS reports have been sourced from the National Public Hospital Establishments Database (NPHEd).

The NPHEd is based on data provided for the Public hospital establishments National Minimum Data Set (PHE NMDS), as defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015d, 2015e) and in the AIHW's Metadata Online Registry (METeOR, METeOR id. 504279).

#### Scope

The scope of the PHE NMDS is establishment-level data for public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans' Affairs, and alcohol and drug treatment centres.

In previous years, coverage of the NPHEd for non-admitted patient care was essentially complete. However, for 2013–14, Victoria did not provide non-admitted patient data to the NPHEd. For other states and territories, coverage is considered essentially complete for 2013–14.

#### Counting unit

For the NPHEd, the counting unit for non-admitted patient activity is the occasion of service.

An **occasion of service** refers to an occasion of examination, consultation, treatment or other service provided to a non-admitted patient in each functional unit of a health service establishment. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

### Classification of non-admitted patient occasions of service

The occasions of service data sourced from the NPHED are provided as aggregate data only for 14 types of non-admitted patient care, including emergency services.

For the purposes of this report, the non-admitted patient care types have been categorised as:

- Emergency services – comprising occasions of service with a non-admitted patient care type of *Emergency services*.
- Outpatient care – comprising occasions of service with the non-admitted patient care types of *Allied health, Dental, Dialysis, Endoscopy and related procedures, Other medical/surgical/ diagnostic, Mental health and Alcohol and drug*.
- Other non-admitted patient care – comprising occasions of service with the non-admitted patient care types of *Pharmacy, Pathology, Radiology and organ imaging, Community health, District nursing and Other outreach services*.

The categorisation of non-admitted patient care as *Outpatient care* or *Other non-admitted patient care* used in this report differs from that presented in previous reports. Therefore, the data presented in this report for *Outpatient care* and *Other non-admitted patient care* are not comparable with the data presented in earlier reports.

### National Non-admitted Patient Care (aggregate) Database

For 2013–14, aggregate clinic-level information on non-admitted patient care was provided for the National Non-admitted Patient Care Database (NNAPC(agg)D).

The NNAPC(agg)D is based on data provided for the Non-admitted patient care NMDS (NAPC NMDS), as defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015d, 2015e) and in the AIHW's METeOR (METeOR id. 508306).

The NAPC NMDS is intended to capture instances of health-care provision from the point of view of the patient. This may be for assessment, examination, consultation, treatment and/or education.

### Scope

For 2013–14, the scope of the NAPC NMDS (aggregate data) was non-admitted patient service events involving non-admitted patients in activity-based funded hospitals. Activity-based funding is a method of funding health services based on the amount and type of activity that is provided. Not all hospitals are activity-based funded, some receive 'block grant funding' (IHPA 2013a).

For 2013–14, it is estimated that approximately 90% of non-admitted patient occasions of service (for all public hospitals, as reported to the NPHED) were also reported to the NNAPC(agg)D as service events.

For 2013–14, Western Australia also reported counts of public non-admitted patient services provided by three private hospitals.

## Counting unit

For the NNAPC(agg)D, the counting unit is the non-admitted patient service event.

A **non-admitted patient service event** is defined as an interaction between one or more health-care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.

One service event is recorded for each interaction, regardless of the number of health-care providers present. Service events can occur in an outpatient clinic or other setting, and can include service events delivered by telephone or by video link.

Home-delivered services self-administered by the patient in their own home can be counted as non-admitted patient service events, provided there is documentation of the procedure in the patient's medical record.

## Classification of non-admitted patient service events

For the purposes of this report, all non-admitted patient services reported to the NNAPC(agg)D are categorised as *Outpatient care*.

The data sourced from the NNAPC(agg)D include information by 136 Tier 2 clinic types (IHPA 2013b) for individual service events, group sessions and group service events (the number of individual patients who attended a group session).

The 136 Tier 2 clinic types are categorised into 4 major classes: *Procedures; Medical consultations; Stand-alone diagnostic* and *Allied health and/or clinical nurse specialist interventions*.

## National Non-admitted Patient (episode-level) Database

The NNAP(el)D is based on data provided for the Non-admitted patient Data Set Specification (NAP DSS), as defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015d, 2015e) and in the AIHW's METeOR (METeOR id. 509071).

For 2013–14, six jurisdictions provided episode-level non-admitted patient data to the National Non-admitted Patient (episode-level) Database (NNAP(el)D) on a 'best efforts' basis. For South Australia, episode-level non-admitted patient data were provided to the AIHW, but have not been included in this report as South Australia raised concerns that the data were not representative of all non-admitted patient activity in the jurisdiction.

## Scope

For 2013–14, the scope of the NAP DSS was non-admitted patient service events involving non-admitted patients in activity-based funded hospitals.

For 2013–14, it is estimated that approximately 39% of non-admitted patient occasions of service (for all public hospitals, as reported to the NPHED) were also reported to the NNAP(el)D as service events.

For the 5 jurisdictions for which NNAP(el)D data are presented in this report, it is estimated that approximately 66% of non-admitted patient service events reported to the NNAPC(agg)D were also reported to the NNAP(el)D at the episode-level.

## Counting unit

The counting unit is the non-admitted patient service event (see counting unit for the NNAPC(agg)D).

## Classification of non-admitted patient service events

For the purposes of this report, all non-admitted patient services reported to the NNAP(ell)D are categorised as *Outpatient care*.

The 2013–14 data sourced from the NNAP(ell)D include information by 136 Tier 2 clinic types (as for the NNAPC(agg)D) and by 24 outpatient clinic types.

## Changes affecting the interpretation of non-admitted patient data

Differences in scopes, counting units and clinic definitions across the databases affect the comparability of the data reported for non-admitted patient care over time.

From 2013–14, the outpatient clinic-level data previously reported for the National Outpatient Care Database (NOCD) have been replaced by the non-admitted patient Tier 2 clinic data in the NNAPC(agg)D.

In addition, 2013–14 is the final year for the reporting of the aggregate non-admitted patient occasions of service data for the NPHEd. Therefore, 2013–14 is the final year that information will be available for:

- *Emergency* occasions of service provided by hospitals that do not have a designated emergency department. Emergency presentations provided by hospitals that have a designated emergency department will continue to be reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD).
- *Pharmacy* occasions of service
- most *Pathology* occasions of service
- most occasions of service for *Radiology and organ imaging services*.

Some non-admitted patient activity previously reported to the NPHEd as occasions of service for *Community health*, *District nursing* and *Other outreach* may continue to be reported through the NNAPC(agg)D.

From 2014–15, non-admitted patient care data will only be provided for the NAPC NMDS. The scope of the NAPC NMDS for 2014–15 is non-admitted patient service events involving non-admitted patients in public hospitals. Therefore, from 2014–15, the NNAPC(agg)D will cover all public hospitals that provide non-admitted patient services.

For the NAP DSS unit record data, the 2014–15 scope will continue to be defined for activity-based funded hospitals only, with data provided by states and territories on a ‘best efforts’ basis.

## What are the limitations of the data?

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

### **Box 1.1: What are the limitations of the data?**

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

The comparability of data on non-admitted patient care over time may be affected by changes in coverage and in administrative and reporting arrangements.

States and territories may differ in the extent to which non-admitted patient services are provided in non-hospital settings (such as community health services) that are beyond the scope of the NPHEd, the NNAPC(agg)D and the NNAP(el)D.

In addition, there is variation among the states and territories in the funding arrangements for some non-admitted patient activity that may result in the activity being included in hospitals reporting for some jurisdictions but not for others.

For example, *District nursing* occasions of service were not reported to the NPHEd by most jurisdictions because the activity was not funded by hospitals. For New South Wales, the reporting of *District nursing* occasions of service varied depending on the location of the hospital and whether the activity was reported by a hospital.

Differing admission practices between the states and territories also lead to variation in the reporting of some services, for example for *Dialysis* and *Endoscopy and related procedures*.

Where possible, variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time. See appendixes A and B for more information.

### **Where to go for more information on data limitations**

More information on variation in the reporting of occasions of service both among states and territories and over time are included in:

- Chapter 3, for outpatient care services
- Chapter 4, for other non-admitted patient care.

Information on data limitations and methods is available in appendixes A and B.

## **What methods are used?**

This section gives a brief description of methods. For more information, see Appendix B.

### **Terms used in this report**

Throughout this report:

- occasions of service has been used to describe non-admitted patient data sourced from the NPHEd
- service events has been used to describe non-admitted patient data sourced from the NNAPC(agg)D and the NNAP(el)D
- public hospitals include both public acute and public psychiatric hospitals.

See the Glossary for more terms and definitions.



## Changes over time

Time series data in this report show average annual changes from 2009–10 to 2013–14, and annual change between 2012–13 and 2013–14.

As 2013–14 is the first reporting period for the NNAPC(agg)D and the NNAP(el)D, time series presentations in this report are based on the data provided for the NPHEd between 2009–10 and 2013–14.

For 2013–14, Victoria did not provide non-admitted patient occasions of service data to the NPHEd, therefore the national average annual rates of change have been adjusted for this change in data coverage by excluding data for Victoria from the calculations.

See Appendix B for more information.

## Coverage estimates

As the counting units are different, an estimate of coverage of the NNAPC(agg)D compared with the NPHEd uses the numbers of individual occasions of service provided to the NPHEd for *Outpatient care* as described above.

It was assumed that, if a hospital reported non-admitted patient activity to both the NPHEd and to the NNAPC(agg)D, then the hospital provided 100% of the non-admitted patient activity to both NMDs. For hospitals that did not provide non-admitted patient activity to the NNAPC(agg)D (for example, because the hospital was not in scope for the NNAPC(agg)D), the non-admitted patient activity not covered by the NNAPC(agg)D would be equal to the number of individual occasions of service for *Outpatient care* that the hospital had provided to the NPHEd.

The estimate of coverage of the NNAP(el)D compared with the NPHEd is calculated using the numbers of individual occasions of service provided to the NPHEd for *Outpatient care*, multiplied by the proportion of individual service events reported to the NNAPC(agg)D that were also reported to the NNAP(el)D.

See Appendix B for more information.

## 1.3 Where to go for more information

This report is available on the AIHW website at <[www.aihw.gov.au/hospitals](http://www.aihw.gov.au/hospitals)> in PDF format and all tables are available as downloadable Excel spread sheets.

## Updates

Online tables will be updated in the event of errors being found in this report after publication, or if data are resupplied by states and territories after its release.

## 2 Emergency services

This chapter presents an overview of emergency services provided to non-admitted patients for all Australian public hospitals, over time and for 2013–14.

Emergency departments provide care for patients who may have an urgent need for medical, surgical or other care. Emergency occasions of service for non-admitted patients include visits to formal emergency departments in larger hospitals and those to smaller hospitals with other arrangements for providing emergency services.

Information on emergency services is sourced from the NPHED, which has essentially full coverage of public hospitals (see Appendix A). However, for 2013–14, Victoria did not provide non-admitted patient data to the NPHED.

For the purposes of this report, emergency occasions of service refer to those occasions of service reported with a type of non-admitted patient care of *Emergency services*.

The information in this chapter includes:

- the number of public hospitals that reported emergency occasions of service, over time and by states and territories
- the number of emergency occasions of service reported, over time and for 2013–14, by states and territories and by public hospital peer groups.

### Key findings

#### How many hospitals provide emergency services?

In 2013–14, 513 public hospitals reported emergency occasions of service to the NPHED. Victoria did not provide information on occasions of service for 2013–14.

#### How has activity changed over time?

Between 2009–10 and 2013–14, the number of emergency occasions of service increased by 2.6% on average each year (after adjusting for the missing data for Victoria). Over the same period, the Australian Capital Territory reported the highest average annual increase (4.2%).

#### How many emergency services were reported?

In 2013–14, more than 6.4 million emergency occasions of service were reported (excluding data for Victoria).

*Public acute group A hospitals and Principal referral and women's and children's hospitals* accounted for more than half of all emergency occasions of service reported (31% and 28%, respectively).

## 2.1 How many hospitals provided emergency services?

This section presents the number of hospitals that provided emergency services for non-admitted patients in public hospitals, over time and for 2013–14.

### Changes over time

Between 2009–10 and 2012–13, the number of hospitals that reported emergency occasions of service was relatively stable for most states and territories (Table 2.1). In 2013–14, emergency occasions of service were reported for 513 public hospitals. For 2013–14, Victoria did not provide non-admitted patient data to the NPHEd.

The increase in the number of hospitals reporting emergency occasions of service between 2011–12 and 2012–13 was mostly due to changed reporting arrangements in Victoria, with an increase in reporting by individual hospitals that were previously included in hospital network-level reporting. There were also 7 small hospitals in Victoria that commenced reporting emergency occasions of service in 2012–13.

**Table 2.1: Number of public hospitals reporting emergency occasions of service, states and territories, 2009–10 to 2013–14**

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales	187	189	186	185	184	–0.4	–0.5
Victoria <sup>(a)</sup>	88	90	90	107	n.a.	n.a.	n.a.
Queensland <sup>(b)</sup>	156	157	156	156	155	–0.2	–0.6
Western Australia <sup>(c)</sup>	81	81	81	80	81	0.0	1.2
South Australia <sup>(d)</sup>	73	73	73	70	70	–1.0	0.0
Tasmania	17	15	16	16	16	–1.5	0.0
Australian Capital Territory	2	2	2	2	2	0.0	0.0
Northern Territory	5	5	5	5	5	0.0	0.0
<b>Total<sup>(e)</sup></b>	<b>609</b>	<b>612</b>	<b>609</b>	<b>621</b>	<b>513</b>	<b>–0.4</b>	<b>–0.2</b>

(a) For Victoria, the increase in the number of reporting hospitals was mostly due to changed reporting practices for 9 local hospital networks, with these data reported at an individual hospital level in 2012–13, rather than at the network level as had occurred in previous years. There were also 7 small hospitals in Victoria that commenced reporting emergency occasions of service in 2012–13. For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

(b) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(c) In 2012–13, one hospital that provided emergency services did not record any admitted patient activity and was not included in Western Australia's NPHEd submission.

(d) For South Australia, the decrease in reporting between 2011–12 and 2012–13 was due to changes in the categorisation of emergency department services at 2 hospitals.

(e) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13. For example, in 2009–10, there were 521 public hospitals that reported emergency occasions of service, excluding Victoria.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

## 2.2 How many emergency services were provided?

This section presents the number of emergency services provided to non-admitted patients in public hospitals, over time and for 2013–14.

### Changes over time

Between 2009–10 and 2013–14 (after adjusting for the missing data for Victoria), the number of emergency occasions of service reported for public hospitals increased by an average of 2.6% each year (Table 2.2). Over that period, the Australian Capital Territory reported the highest average annual increase of 4.2%.

Between 2012–13 and 2013–14, the numbers of emergency occasions of service decreased for Western Australia and the Northern Territory. The Australian Capital Territory reported the highest increase between 2012–13 and 2013–14 of 5.8%.

**Table 2.2: Emergency occasions of service, public hospitals, states and territories, 2009–10 to 2013–14**

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales	2,442,982	2,484,261	2,537,681	2,580,878	2,655,731	2.1	2.9
Victoria <sup>(a)</sup>	1,591,819	1,654,943	1,659,550	1,658,736	n.a.	n.a.	n.a.
Queensland <sup>(b)</sup>	1,578,490	1,664,170	1,711,873	1,746,928	1,830,138	3.8	4.8
Western Australia	823,402	877,671	944,759	966,901	949,914	3.6	–1.8
South Australia <sup>(c)</sup>	554,906	562,293	537,115	546,588	552,719	–0.1	1.1
Tasmania	159,472	154,220	154,731	159,701	161,306	0.3	1.0
Australian Capital Territory	106,806	112,460	118,767	118,975	125,911	4.2	5.8
Northern Territory	132,582	141,215	144,859	145,534	145,158	2.3	–0.3
<b>Total<sup>(d)</sup></b>	<b>7,390,459</b>	<b>7,651,233</b>	<b>7,809,335</b>	<b>7,924,241</b>	<b>6,420,877</b>	<b>2.6</b>	<b>2.5</b>

(a) For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

(b) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(c) For South Australia, the decrease in emergency occasions of service between 2010–11 and 2011–12 was due to changes in the categorisation of emergency department services at 2 hospitals. From 1 July 2011, the units at the 2 hospitals were no longer categorised as emergency departments.

(d) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

### How much activity in 2013–14?

In 2013–14, more than 6.4 million emergency occasions of service were reported (excluding data for Victoria). It is estimated that, based on the number of emergency department presentations reported by Victoria to the NNAPEDCD for 2013–14 (AIHW 2014b), the national number of emergency occasions of service would have been more than 8.0 million.

In 2013–14, *Public acute group A hospitals* accounted for about 31% of emergency occasions of service (Table 2.3). These hospitals provide a wide range of services to a large number of

patients and are usually situated in *Major cities* or *Inner regional* areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals, but provide a narrower range of services than the *Principal referral* group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units.

*Principal referral and women's and children's hospitals* provided about 28% of emergency occasions of service in 2013–14. *Principal referral hospitals* provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an infectious diseases unit and a 24-hour emergency department. *Women's and children's hospitals* specialise in the treatment of both women and children.

#### **Where to go for more information**

The information sourced from the NPHEd is provided as aggregate data only, and is useful for determining the total amount of emergency services provided to non-admitted patients.

More information on emergency services, including information on who used these services, how urgently they required care, how long they waited for treatment and the length of time to completion of the occasion of service is available in *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014b).

Information on data limitations and methods is available in appendixes A and B.

Information on public hospital peer groups is available in Appendix C.

**Table 2.3: Emergency occasions of service by public hospital peer group, states and territories, 2013–14**

Public hospital peer group	NSW	Vic <sup>(a)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	782,375	n.a.	430,751	224,194	193,061	54,123	70,621	65,495	1,820,620
Public acute group A hospitals	819,243	n.a.	609,573	256,703	145,940	67,852	55,290	43,908	1,998,509
Public acute group B hospitals	444,889	n.a.	310,973	199,305	83,546	26,616	..	..	1,065,329
Public acute group C hospitals	367,472	n.a.	264,395	177,609	99,968	1,519	..	35,755	946,718
Public acute group D hospitals	206,247	n.a.	175,571	54,520	23,120	9,410	..	..	468,868
Other hospitals	35,505	n.a.	38,875	37,583	7,084	1,786	0	..	120,833
<b>Total</b>	<b>2,655,731</b>	<b>n.a.</b>	<b>1,830,138</b>	<b>949,914</b>	<b>552,719</b>	<b>161,306</b>	<b>125,911</b>	<b>145,158</b>	<b>6,420,877</b>

(a) For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

## 3 Outpatient care

This chapter presents an overview of outpatient care provided to non-admitted patients in public hospitals, over time and for 2013–14.

It includes information on outpatient procedures, medical consultations, stand-alone diagnostic services and services provided by allied health professionals or clinical nurse specialists.

Outpatient care includes consultations with specialists to determine the most appropriate treatment for a patient's condition. This can result, for example, in the patient being placed on a waiting list for surgery.

The information in this chapter has been compiled using 3 different sources of non-admitted patient data:

- occasions of service data from the NPHEd are used to describe outpatient care provided by all public hospitals, over time and for 2013–14
- service events data from the NNAPC(agg)D are used to describe outpatient care reported for activity-based funded public hospitals in 2013–14
- episode-level data from the NNAP(el)D are used to provide more detailed information about outpatient care, including; who used these services, how the services were delivered and who funded the services.

### Key findings

#### How has activity changed over time?

Between 2009–10 and 2013–14, the number of individual occasions of service for outpatient care increased by 2.5% on average each year (after adjusting for the missing data for Victoria).

#### How much activity in 2013–14?

In 2013–14, summary clinic-level information on 25.9 million individual service events was provided by 357 activity-based funded hospitals. Detailed episode-level information was provided for about 10.2 million individual service events by 174 public hospitals.

#### What services were provided?

In 2013–14, about 42% of individual service events (aggregate-level) were for *Allied health and/or clinical nurse specialist interventions* and 34% were for *Medical consultations*.

*Midwifery and maternity* was the most common service provided for *Allied health and/or clinical nurse specialist interventions* (1.7 million individual service events) and the most common service for *Medical consultation* was *Orthopaedics* (960,000 individual service events).

#### Who used these services?

In 2013–14, about 56% of individual service events were for females and 30% were for people aged 65 and over. People living in *Major cities* accounted for about 70% of outpatient care service events.

About 4% of individual service events were for Indigenous Australians.

## 3.1 How many hospitals provided outpatient care?

Table 3.1 presents the number of hospitals that reported outpatient care activity to the NPHEd, the NNAPC(agg)D and the NNAP(el)D in 2013–14.

In 2013–14:

- occasions of service data were reported to the NPHEd for 558 public hospitals, excluding Victoria (Table 3.1)
- service events (aggregate data) were provided for 357 public hospitals, predominantly by activity-based funded hospitals
- episode-level service events were provided for 174 public hospitals in 5 jurisdictions and is available for about 66% of the service events reported to the NNAPC(agg)D for these jurisdictions.

In 2013–14, the more detailed NNAPC(agg)D and NNAP(el)D non-admitted patient service events data were provided for more hospitals than reported outpatient clinic data to the NOCD in 2012–13 (AIHW 2014a).

**Table 3.1: Number of public hospitals reporting non-admitted patient occasions of service/service events, by reporting source, 2013–14**

	NSW	Vic	Qld <sup>(a)</sup>	WA	SA	Tas	ACT	NT	Total
Hospitals that provided occasions of service data to the NPHEd <sup>(b)</sup>	214	119 <sup>(c)</sup>	162	89	75	11	2	5	677
Hospitals that provided aggregate service events data to the NNAPC(agg)D	83	66 <sup>(d)</sup>	34	91 <sup>(e)</sup>	74	4	2	3	357
Hospitals that provided episode-level service events data to the NNAP(el)D	78	n.a.	n.a.	87	n.p.	4	2	3	174
<b>All public hospitals (NPHEd)</b>	<b>225</b>	<b>151</b>	<b>169</b>	<b>91</b>	<b>80</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>747</b>

- (a) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.
- (b) Does not include hospitals that provided emergency occasions of service only.
- (c) For Victoria, the number of hospitals that provided non-admitted patient data to the NPHEd is based on the data provided for 2012–13.
- (d) For Victoria, the number of hospitals that provided non-admitted patient data to the NNAPC(agg)D includes one facility that was not included in the NPHEd.
- (e) For Western Australia, non-admitted patient data were reported to the NNAPC(agg)D for 4 facilities that were not included in the NPHEd, including 3 private hospitals.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Sources: NPHEd, NNAPC(agg)D and NNAP(el)D.

### Where to go for more information

More information on the types of services provided by Australia's public hospitals is available in:

- *Hospital resources 2013–14*: Australian hospital statistics (AIHW 2015b)
- *Admitted patient care 2013–14*: Australian hospital statistics (AIHW 2015a)
- *Australian hospital statistics 2013–14*: emergency department care (AIHW 2014b)
- *Australian hospital statistics 2013–14*: elective surgery waiting times (AIHW 2014c).

Information on data limitations and methods is available in appendixes A and B.



## 3.2 How many outpatient care services were provided?

This section presents information on the number of outpatient care services provided in public hospitals, over time and for 2013–14.

It is not possible to calculate exactly how many outpatient care services were provided because there are differences among jurisdictions in whether:

- non-admitted patient services are reported by hospitals or by another part of the health system (for example, for dental clinics or alcohol and drug services)
- services are provided as admitted patient activity, rather than non-admitted patient activity (for example, for dialysis and endoscopies)
- services provided by doctors practicing right of private practice were included in the activity reported for the hospital.

### Occasions of service

This information is sourced from the aggregate data provided to the NPHED for essentially all public hospitals (excluding Victoria for 2013–14), which includes information on the number of individual occasions of service for *Outpatient care*.

For the purposes of this report, the NPHED types of non-admitted patient care included in *Outpatient care* (tables 3.1 to 3.3) are *Allied health, Dental, Dialysis, Endoscopy and related procedures, Other medical/surgical/diagnostic, Mental health* and *Alcohol and drug services*.

There is variation among states and territories in how non-admitted patient activity reported to the NPHED is categorised as either *Outpatient care* or *Other non-admitted patient care* that may affect the interpretation of the data presented in this chapter and in Chapter 4. For example, the Northern Territory would regard *Other outreach* occasions of service reported to the NPHED as *Outpatient care*, whereas *Other outreach* would be regarded as *Other non-admitted patient care* by most other jurisdictions.

### Changes over time

Between 2009–10 and 2013–14, the number of individual occasions of service for outpatient care reported to the NPHED increased by an average of 2.5% per year (after adjusting for coverage changes for Victoria in 2013–14) (Table 3.2). Over this period, there were large increases in the numbers of occasions of service reported for *Mental health* (26.3% on average each year).

Between 2009–10 and 2013–14, individual occasions of service for outpatient care increased at the highest rates each year for the Australian Capital Territory and the Northern Territory (24.9% and 7.6% on average per year, respectively) (Table 3.3). For the Australian Capital Territory, the increase, in part, reflects a change in reporting practices.

Between 2012–13 and 2013–14, individual occasions of service for outpatient care decreased for Queensland and South Australia. They increased markedly for Tasmania and the Australian Capital Territory.

**Table 3.2: Individual occasions of service for outpatient care, public hospitals, 2009–10 to 2013–14**

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%) <sup>(a)</sup>	
						Average since 2009–10	Since 2012–13
Allied health	3,848,123	3,907,927	4,059,527	3,742,253	2,691,638	–0.6	–1.5
Dental	864,430	886,157	451,846	916,932	507,697	0.0	10.0
Dialysis	50,045	23,235	19,471	155,585	25,340	–16.0	–9.3
Endoscopy and related procedures	54,723	63,404	59,507	67,329	62,683	3.5	–1.8
Other medical/surgical/diagnostic	11,972,166	11,801,283	12,277,240	13,205,471	10,686,818	0.9	–4.2
Mental health	1,577,636	1,862,172	1,408,822	1,424,962	2,240,308	26.3	57.2
Alcohol and drug services	1,602,611	1,523,305	1,389,201	1,421,283	1,563,803	0.8	17.3
<b>Total individual outpatient care</b>	<b>19,969,734</b>	<b>20,067,483</b>	<b>19,665,614</b>	<b>20,933,815</b>	<b>17,778,287</b>	<b>2.5</b>	<b>3.3</b>

(a) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13. For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHED.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHED.

### Changes in reporting of outpatient care data over time

Between 2009–10 and 2013–14, there were variations in the reporting of outpatient care to the NPHED, both among and within jurisdictions. More information on these variations is available in tables accompanying this report online. Therefore, caution should be used in the interpretation of these data.

For outpatient care, the following variations over time should be noted:

- for New South Wales, there were notable increases in the numbers of occasions of service reported for *Mental health*, which increased by an average of 26% per year, and by 76% between 2012–13 and 2013–14
- for Victoria non-admitted patient data were not reported to the NPHED for 2013–14. For 2011–12, data supply issues in Victoria resulted in significant under-reporting of non-admitted occasions of service for *Dental* and *Mental health* services. In addition, *Mental health* occasions of service were not reported to the NPHED for 2012–13
- for Queensland, there were notable decreases in the numbers of occasions of service reported for *Mental health* and *Alcohol and drug services* between 2010–11 and 2011–12
- for Western Australia, there was a notable decrease (33%) in the numbers of occasions of service reported for *Allied health* between 2011–12 and 2012–13
- for South Australia, there was a notable decrease (43%) in the numbers of occasions of service reported for *Mental health* between 2009–10 and 2010–11
- for Tasmania, the decrease in outpatient occasions of service between 2009–10 and 2010–11 reflects the exclusion of outpatient occasions of service provided at public hospitals by private specialists (that were previously included)
- for the Australian Capital Territory, the increase in outpatient occasions of service between 2010–11 and 2011–12 reflects the inclusion of public hospital non-admitted patient services delivered in the community (that were previously not included). The numbers of occasions of service reported for *Allied health* and *Mental health* increased markedly between 2011–12 and 2012–13
- the Northern Territory commenced reporting occasions of service for *Dialysis* and *Endoscopy and related procedures* to the NPHED in 2012–13.

**Table 3.3: Individual occasions of service for outpatient care, public hospitals, states and territories, 2009–10 to 2013–14**

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales	8,553,474	8,321,128	8,699,662	9,273,678	9,853,698	3.6	6.3
Victoria <sup>(a)</sup>	3,876,199	4,189,788	3,061,986	3,731,232	n.a.	n.a.	n.a.
Queensland <sup>(b)</sup>	3,529,669	3,393,409	3,395,415	3,358,638	3,090,556	-3.3	-8.0
Western Australia	1,981,773	2,100,650	2,326,343	2,072,359	2,215,849	2.8	6.9
South Australia	1,163,733	1,157,833	1,189,327	1,180,699	1,105,987	-1.3	-6.3
Tasmania <sup>(c)</sup>	336,559	359,870	328,694	308,965	386,425	3.5	25.1
Australian Capital Territory <sup>(d)</sup>	381,720	397,617	489,025	813,192	929,485	24.9	14.3
Northern Territory	146,607	147,188	175,162	195,052	196,287	7.6	0.6
<b>Total<sup>(e)</sup></b>	<b>19,969,734</b>	<b>20,067,483</b>	<b>19,665,614</b>	<b>20,933,815</b>	<b>17,778,287</b>	<b>2.5</b>	<b>3.3</b>

(a) For 2011–12, data supply issues in Victoria resulted in significant under-reporting of non-admitted occasions of service for *Dental* and *Mental health services*. For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

(b) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(c) From 2010–11, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by private specialists. In 2009–10, these were included in Tasmania's public hospital counts.

(d) From 2011–12, outpatient care data reported for the Australian Capital Territory differ from previous years due to the inclusion of public hospital non-admitted/outpatient services delivered in the community.

(e) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

### Where to go for more information

Additional information on variations in the reporting of non-admitted patient activity over time for states and territories is available in tables S3.1a–S3.1h, accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

### How many occasions of service were there in 2013–14?

In 2013–14, almost 18 million individual occasions of service for outpatient care were reported to the NPHEd (excluding Victoria) (Table 3.4). Based on the number of individual occasions of service for outpatient care reported for Victoria in 2012–13, it is estimated that more than 21 million individual occasions of service for outpatient care were provided in 2013–14.

Overall, individual occasions of service for outpatient care accounted for about 44% of all individual occasions of service reported for non-emergency non-admitted patient care to the NPHEd (tables 3.4 and 4.3). However, there was some variation in this proportion among states and territories – it ranged from 36% in Queensland to 97% in Tasmania, reflecting variation in the types of non-admitted patient care provided by hospitals.

In 2013–14, *Principal referral and women's and children's hospitals* provided about 50% of individual occasions of service for outpatient care (Table 3.4).

*Public acute group A hospitals* accounted for about 25% of individual occasions of service for outpatient care.

There was some variation in this proportion of non-admitted patient occasions of service that were for outpatient care among public hospital peer groups – it ranged from 53% in *Principal referral and women's and children's hospitals* to 30% in *Public acute group D hospitals*.

## Non-admitted patient service events

The data provided to the NNAPC(agg)D and the NNAP(el)D include information on the number of individual service events and group service events.

There is variation among states and territories in the categorisation of non-admitted patient activity reported to the NNAPC(agg)D and the NNAP(el)D as either *Outpatient care* or *Other non-admitted patient care* that may affect the interpretation of the data presented in this chapter.

For example, for the service events data reported to the NNAPC(agg)D, the Tier 2 clinic class *Stand-alone diagnostic services* would be regarded by New South Wales as *Other non-admitted patient care* but as *Outpatient care* by other jurisdictions.

## How many outpatient care service events were reported in 2013–14?

In 2013–14, almost 26 million individual service events were reported to the NNAPC(agg)D (Table 3.5).

In 2013–14, the proportion of individual occasions of service for outpatient care for which aggregate individual service events data were provided to the NNAPC(agg)D was estimated to be about 90% for all public hospitals. The proportion varied among states and territories. It ranged from 85% in Queensland to 100% in Western Australia, South Australia and the Australian Capital Territory.

In 2013–14, more than 10 million individual episode-level service events were reported to the NNAP(el)D by 5 jurisdictions (Table 3.6).

In 2013–14, the proportion of individual occasions of service for which episode-level individual service events data were provided to the NNAP(el)D was estimated to be about 39% for all public hospitals. For jurisdictions that provided data to both the NPHEd and the NNAP(el)D, the proportion ranged from 50% in New South Wales to almost 100% for the Australian Capital Territory.

The proportion of individual service events for which episode-level data were available was about 66% for jurisdictions that provided data to both the NNAPC(agg)D and the NNAP(el)D.

**Table 3.4: Individual occasions of service for outpatient care, by public hospital peer group, states and territories, 2013–14**

<b>Public hospital peer group</b>	<b>NSW</b>	<b>Vic<sup>(a)</sup></b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
Principal referral and women's and children's hospitals	4,810,723	n.a.	1,241,361	1,060,767	592,825	208,162	869,602	131,961	8,915,401
Public acute group A hospitals	2,271,340	n.a.	1,050,728	441,182	370,238	157,492	59,883	49,805	4,400,668
Public acute group B hospitals	956,215	n.a.	261,334	244,765	41,690	16,782	..	..	1,520,786
Public acute group C hospitals	332,646	n.a.	198,364	288,352	68,748	18	..	14,521	902,649
Public acute group D hospitals	177,710	n.a.	175,810	68,092	17,963	3,666	..	..	443,241
Other hospitals	1,305,064	n.a.	162,959	112,691	14,523	305	0	..	1,595,542
<b>Total</b>	<b>9,853,698</b>	<b>n.a.</b>	<b>3,090,556</b>	<b>2,215,849</b>	<b>1,105,987</b>	<b>386,425</b>	<b>929,485</b>	<b>196,287</b>	<b>17,778,287</b>

(a) For 2013–14, Victoria did not provide occasions of service data for non-admitted patient activity to the NPHEd.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

**Table 3.5: Individual service events (aggregate data) by public hospital peer group, states and territories, 2013–14**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(b)</sup>	WA	SA	Tas	ACT	NT	Total
<b>Principal referral and women's and children's hospitals</b>									
Individual service events	6,652,793	2,197,680	1,514,820	1,123,708	1,006,142	265,766	799,480	132,175	13,692,564
Hospitals that provided service events data to the NNAPC(agg)D	14	9	8	4	3	1	1	1	41
Hospitals that provided occasions of service data to the NPHEd	14	9	8	4	3	1	1	1	41
Estimated proportion (%) <sup>(c)</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Public acute group A hospitals</b>									
Individual service events	2,979,244	1,218,249	1,284,496	473,409	529,933	188,133	51,084	49,574	6,774,122
Hospitals that provided service events data to the NNAPC(agg)D	22	15	12	4	4	2	1	1	61
Hospitals that provided occasions of service data to the NPHEd	22	16	12	4	4	2	1	1	62
Estimated proportion (%) <sup>(c)</sup>	100.0	98.3	100.0	100.0	100.0	100.0	100.0	100.0	99.7
<b>Public acute group B hospitals</b>									
Individual service events	1,085,468	465,046	308,675	243,642	78,501	26,663	..	..	2,207,995
Hospitals that provided service events data to the NNAPC(agg)D	17	9	8	6	4	1	..	..	45
Hospitals that provided occasions of service data to the NPHEd	17	9	8	6	4	1	..	..	45
Estimated proportion (%) <sup>(c)</sup>	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
<b>Other hospitals</b>									
Individual service events	800,101	1,544,417	64,499	538,823	247,060	0	0	8,025	3,202,925
Hospitals that provided service events data to the NNAPC(agg)D	30	33	6	77	63	0	0	1	210
Hospitals that provided occasions of service data to the NPHEd	161	85	134	75	64	7	0	3	529
Estimated proportion (%) <sup>(c)</sup>	25.4	69.1	10.9	100.0	100.0	0.0	..	55.1	45.5
<b>Total</b>									
<b>Individual service events</b>	<b>11,517,606</b>	<b>5,425,392</b>	<b>3,172,490</b>	<b>2,379,582</b>	<b>1,861,636</b>	<b>480,562</b>	<b>850,564</b>	<b>189,774</b>	<b>25,877,606</b>
<b>Hospitals that provided service events data to the NNAPC(agg)D</b>	<b>83</b>	<b>66</b>	<b>34</b>	<b>91</b>	<b>74</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>357</b>
<b>Hospitals that provided occasions of service data to the NPHEd</b>	<b>214</b>	<b>119</b>	<b>162</b>	<b>89</b>	<b>75</b>	<b>11</b>	<b>2</b>	<b>5</b>	<b>677</b>
<b>Estimated proportion (%)<sup>(c)</sup></b>	<b>86.3</b>	<b>90.3</b>	<b>84.5</b>	<b>100.0</b>	<b>100.0</b>	<b>99.0</b>	<b>100.0</b>	<b>96.7</b>	<b>89.7</b>

(a) The number of hospitals that provided occasions of service data to the NPHEd for Victoria is based on the number of hospitals that reported occasions of service data to the NPHEd in 2012–13.

(b) For Queensland, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(c) The number of occasions of service reported to the NPHEd for hospitals that provided service events data for the NNAPC(agg)D, divided by the total number of occasions of service reported to the NPHEd for all hospitals.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Sources: NNAPC (agg)D and NPHEd.

**Table 3.6: Individual service events (episode-level), by public hospital peer group, states and territories, 2013–14**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral and women's and children's hospitals</b>									
Individual service events	3,558,419	n.a.	n.a.	934,875	n.p.	263,306	796,977	132,175	5,685,752
Hospitals that provided service events data to the NNAP(e)D	14	n.a.	n.a.	4	n.p.	1	1	1	21
Hospitals that provided occasions of service data to the NPHEd	14	n.a.	n.a.	4	n.p.	1	1	1	41
Estimated proportion (%) <sup>(a)</sup>	56.0	n.a.	n.a.	84.1	n.p.	99.1	99.7	100.0	46.4
<b>Public acute group A hospitals</b>									
Individual service events	2,031,746	n.a.	n.a.	451,577	n.p.	187,365	51,084	49,574	2,771,346
Hospitals that provided service events data to the NNAP(e)D	22	n.a.	n.a.	4	n.p.	2	1	1	30
Hospitals that provided occasions of service data to the NPHEd	22	n.a.	n.a.	4	n.p.	2	1	1	62
Estimated proportion (%) <sup>(a)</sup>	66.3	n.a.	n.a.	95.0	n.p.	99.6	100.0	100.0	40.8
<b>Public acute group B hospitals</b>									
Individual service events	640,364	n.a.	n.a.	228,188	n.p.	26,663	..	..	895,215
Hospitals that provided service events data to the NNAP(e)D	17	n.a.	n.a.	6	n.p.	1	..	..	24
Hospitals that provided occasions of service data to the NPHEd	17	n.a.	n.a.	6	n.p.	1	..	..	45
Estimated proportion (%) <sup>(a)</sup>	58.1	n.a.	n.a.	95.6	n.p.	100.0	..	..	44.0
<b>Other hospitals</b>									
Individual service events	395,548	n.a.	n.a.	458,559	n.p.	0	0	8,025	862,132
Hospitals that provided service events data to the NNAP(e)D	25	n.a.	n.a.	73	n.p.	0	0	1	99
Hospitals that provided occasions of service data to the NPHEd	161	n.a.	n.a.	75	n.p.	7	0	3	529
Estimated proportion (%) <sup>(a)</sup>	11.1	n.a.	n.a.	98.9	n.p.	0.0	..	55.1	15.8
<b>Total</b>									
<b>Individual service events</b>	<b>6,626,077</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,073,199</b>	<b>n.p.</b>	<b>477,334</b>	<b>848,061</b>	<b>189,774</b>	<b>10,214,445</b>
<b>Hospitals that provided service events data to the NNAP(e)D</b>	<b>78</b>	<b>n.a.</b>	<b>n.a.</b>	<b>87</b>	<b>n.p.</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>174</b>
<b>Hospitals that provided occasions of service data to the NPHEd</b>	<b>214</b>	<b>n.a.</b>	<b>n.a.</b>	<b>89</b>	<b>n.p.</b>	<b>11</b>	<b>2</b>	<b>5</b>	<b>677</b>
<b>Estimated proportion (%)<sup>(a)</sup></b>	<b>50.3</b>	<b>n.a.</b>	<b>n.a.</b>	<b>90.8</b>	<b>n.p.</b>	<b>98.3</b>	<b>99.7</b>	<b>96.7</b>	<b>39.0</b>

(a) The number of occasions of service reported to the NPHEd for hospitals that provided service events data for the NNAP(e)D, divided by the total number of occasions of service reported to the NPHEd for all hospitals.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Sources: NNAP(e)D and NPHEd.

### 3.3 What services were provided?

This section presents information on the types of outpatient care provided by public hospitals in 2013–14. It includes information on:

- the numbers of individual occasions of service for outpatient care by non-admitted patient service type, based on data provided to the NPHEd
- the numbers of individual service events by Tier 2 clinic classes and by Tier 2 clinic categories, based on data provided to the NNAPC(agg)D.

#### Occasions of service

In 2013–14, the most common type of outpatient care reported to the NPHEd was *Other medical/surgical/diagnostic*, accounting for about 10.7 million occasions of service (Table 3.7).

New South Wales reported the majority of individual occasions of service for *Mental health* and *Alcohol and other drug services* and Western Australia reported relatively large numbers of occasions of service for *Allied health*.

#### Non-admitted patient service events

Non-admitted patient service events provided to the NNAPC(agg)D and the NNAP(e)D are classified according to the type of clinician who provided the service and the nature of the service provided (IHPA 2013b). There are 4 classes of non-admitted patient services:

- *Procedures* – provided by a surgeon or other medical specialist
- *Medical consultations* – provided by a general physician or medical specialist
- *Stand-alone diagnostic services* – within a specific field of medicine or condition
- *Allied health and/or clinical nurse specialist interventions* – provided by an allied health professional or clinical nurse specialist.

In 2013–14, about 10.9 million (42%) individual service events were for *Allied health and/or clinical nurse specialist interventions*, 8.9 million (34%) were for *Medical consultations*, 3.4 million (13%) for *Procedures* and 2.6 million (10%) for *Stand-alone diagnostic services* (Table 3.8).

The majority of group service events were for *Allied health and/or clinical nurse specialist interventions*.

In 2013–14, the most common Tier 2 clinic category for *Allied health and/or clinical nurse specialist interventions* was *Midwifery and maternity* (1.7 million service events). The most common services in the *Medical consultation* class were *Orthopaedics* (960,000 service events) and *Obstetrics* (957,000 service events) (Table 3.9).

There were also more than 1.7 million outpatient service events related to cancer, including about 840,000 procedures (Tier 2 clinics 10.11 *Radiation oncology (treatment)* and 10.12 *Medical oncology (treatment)*) and 928,000 medical consultations (Tier 2 clinics 20.42 *Medical oncology (consultation)* and 20.43 *Radiation oncology (consultation)*).

There were notable variations in reporting by Tier 2 clinic categories among jurisdictions. For example, New South Wales provided about 85% of all service events reported for *Stand-alone diagnostic services*. Victoria and the Northern Territory did not report service events to the NNAPC(agg)D for *Stand-alone diagnostic services*.



**Table 3.7: Individual occasions of service for outpatient care, public hospitals, states and territories, 2013–14**

Type of non-admitted patient care	NSW	Vic <sup>(a)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
Allied health	578,761	n.a.	666,101	893,499	174,747	168,816	191,938	17,776	2,691,638
Dental	476,840	n.a.	0	21,801	9,056	0	0	0	507,697
Dialysis	18,554	n.a.	2	0	0	0	0	6,784	25,340
Endoscopy and related procedures	29,993	n.a.	6,576	0	21,727	0	3,313	1,074	62,683
Other medical/surgical/diagnostic	5,437,254	n.a.	2,352,582	1,216,582	888,982	214,277	406,905	170,653	10,686,818
Mental health	1,788,243	n.a.	25,745	84,384	11,475	3,132	327,329	0	2,240,308
Alcohol and drug services	1,524,053	n.a.	39,550	0	0	200	0	0	1,563,803
<b>Total individual outpatient care</b>	<b>9,853,698</b>	<b>n.a.</b>	<b>3,090,556</b>	<b>2,215,849</b>	<b>1,105,987</b>	<b>386,425</b>	<b>929,485</b>	<b>196,287</b>	<b>17,778,287</b>

(a) For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHED.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHED.

**Table 3.8: Individual and group service events (aggregate data) by Tier 2 clinic classes, states and territories, 2013–14**

	NSW	Vic <sup>(a)</sup>	Qld	WA <sup>(b)</sup>	SA	Tas	ACT	NT <sup>(a)(b)(c)</sup>	Total
<b>Individual service events</b>									
Procedures	1,295,534	953,501	574,519	206,800	289,108	3,655	30,629	16,150	3,369,896
Medical consultations	3,123,308	2,162,422	1,103,445	915,941	964,501	297,644	209,301	139,004	8,915,566
Stand-alone diagnostic services	2,270,062	n.a.	80,060	21,973	246,100	4,702	24,662	n.a.	2,647,559
Allied health and/or clinical nurse specialist interventions	4,828,702	2,309,469	1,414,466	1,234,868	361,927	174,561	585,972	34,620	10,944,585
<b>Total</b>	<b>11,517,606</b>	<b>5,425,392</b>	<b>3,172,490</b>	<b>2,379,582</b>	<b>1,861,636</b>	<b>480,562</b>	<b>850,564</b>	<b>189,774</b>	<b>25,877,606</b>
<b>Group service events</b>									
Procedures	255	1	2	0	1	0	0	240	499
Medical consultations	35,576	4,472	2,874	4,091	7,616	768	724	111	56,232
Stand-alone diagnostic services	195	n.a.	11	0	7	0	0	n.a.	213
Allied health and/or clinical nurse specialist interventions	345,461	162,012	83,233	105,579	42,538	2,460	33,974	375	775,632
<b>Total</b>	<b>381,487</b>	<b>166,485</b>	<b>86,120</b>	<b>109,670</b>	<b>50,162</b>	<b>3,228</b>	<b>34,698</b>	<b>726</b>	<b>832,576</b>

(a) Victoria and the Northern Territory did not report service events for *Stand-alone diagnostic services*.

(b) Western Australia and the Northern Territory did not report service events for the *Procedures: Enteral nutrition – home delivered* and *Total parenteral nutrition – home delivered* because these services are not yet recorded in the hospitals' patient management systems.

(c) For the Northern Territory, group service events are likely to be under-enumerated.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

### Where to go for more information

Additional information on non-admitted patient service events by Tier 2 clinics by state and territory is available in Table S3.2 accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

**Table 3.9: Individual service events (aggregate data) for the 10 most common Tier 2 clinic categories in each Tier 2 clinic class, states and territories, 2013–14**

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA <sup>(a)</sup>	SA	Tas	ACT	NT <sup>(a)</sup>	Total
<b>Procedures</b>									
10.18 Enteral nutrition—home delivered	11	518,755	291,610	n.a.	38,651	0	0	n.a.	849,028
10.16 Renal dialysis—peritoneal dialysis—home delivered	313,666	170,131	165,880	76,614	29,767	0	0	0	756,058
10.12 Radiation oncology (treatment)	250,764	188,335	18,225	86,207	51,383	0	26,325	0	621,239
10.04 Dental	357,260	16,799	0	11,204	9,443	0	0	0	394,706
10.11 Medical oncology (treatment)	144,159	3,091	21,154	6,206	35,626	1,124	999	5,401	217,760
10.15 Renal dialysis—haemodialysis—home delivered	66,177	27,721	54,358	14,601	2,800	0	0	0	165,657
10.06 Endoscopy—gastrointestinal	51,293	5,562	3,256	70	13,647	44	3,305	0	77,177
10.03 Minor surgical	5,513	2,070	3,503	3,641	56,067	0	0	648	71,442
10.17 Total parenteral nutrition—home delivered	5,408	8,263	3,823	n.a.	40,780	0	0	n.a.	58,274
10.13 Minor medical procedures	32,047	5,379	6,125	3,188	3,436	0	0	0	50,175
Other	69,236	7,395	6,585	5,069	7,508	2,487	0	10,100	108,380
<b>Total</b>	<b>1,295,534</b>	<b>953,501</b>	<b>574,519</b>	<b>206,800</b>	<b>289,108</b>	<b>3,655</b>	<b>30,629</b>	<b>16,150</b>	<b>3,369,896</b>
<b>Medical consultations</b>									
20.29 Orthopaedics	265,178	220,320	235,986	103,648	75,325	25,694	16,798	16,911	959,860
20.40 Obstetrics	380,969	281,611	99,121	78,251	83,657	5,750	8,234	19,004	956,597
20.42 Medical oncology (consultation)	316,468	126,364	16,017	44,263	43,629	20,108	22,154	2,717	591,720
20.17 Ophthalmology	139,152	100,285	68,679	53,012	83,021	9,714	11,266	13,667	478,796
20.07 General surgery	49,071	121,198	90,370	33,830	44,628	14,053	6,002	14,325	373,477
20.05 General medicine	69,002	50,956	27,728	93,390	49,605	24,109	29,500	4,668	348,958
20.43 Radiation oncology (consultation)	108,740	80,509	22,000	27,042	9,150	74,390	13,115	1,362	336,308
20.34 Endocrinology	156,123	82,912	24,882	21,144	22,506	9,542	6,090	2,408	325,607
20.22 Cardiology	99,611	66,685	30,221	24,204	43,876	7,291	7,450	2,539	281,877
20.38 Gynaecology	90,038	64,282	43,925	22,644	40,801	8,642	3,459	5,751	279,542
Other	1,448,956	967,300	444,516	414,513	468,303	98,351	85,233	55,652	3,982,824
<b>Total</b>	<b>3,123,308</b>	<b>2,162,422</b>	<b>1,103,445</b>	<b>915,941</b>	<b>964,501</b>	<b>297,644</b>	<b>209,301</b>	<b>139,004</b>	<b>8,915,566</b>

(continued)

**Table 3.9 (continued): Individual service events (aggregate data) for the 10 most common Tier 2 clinic categories in each Tier 2 clinic class, states and territories, 2013–14**

Tier 2 outpatient clinic type	NSW <sup>(b)</sup>	Vic <sup>(c)</sup>	Qld	WA	SA	Tas	ACT	NT <sup>(c)</sup>	Total
<b>Stand-alone diagnostic services<sup>(d)</sup></b>									
30.05 Pathology (microbiology, haematology, biochemistry)	1,622,930	n.a.	0	28	0	0	0	n.a.	1,622,958
30.01 General imaging	311,321	n.a.	0	1,303	132,774	0	7,401	n.a.	452,799
30.08 Clinical measurement	148,985	n.a.	80,060	20,048	77,363	4,702	145	n.a.	331,303
30.07 Mammography screening	133,648	n.a.	0	0	0	0	17,116	n.a.	150,764
30.04 Nuclear medicine	24,708	n.a.	0	579	18,846	0	0	n.a.	44,133
30.03 Computerised tomography	13,532	n.a.	0	6	10,593	0	0	n.a.	24,131
30.02 Magnetic resonance imaging	9,785	n.a.	0	9	6,524	0	0	n.a.	16,318
30.06 Positron emission tomography	5,153	n.a.	0	0	0	0	0	n.a.	5,153
<b>Total</b>	<b>2,270,062</b>	<b>n.a.</b>	<b>80,060</b>	<b>21,973</b>	<b>246,100</b>	<b>4,702</b>	<b>24,662</b>	<b>n.a.</b>	<b>2,647,559</b>
<b>Allied health and/or clinical nurse specialist interventions</b>									
40.28 Midwifery and maternity	686,578	333,616	360,700	168,322	70,475	30,664	42,862	12,449	1,705,666
40.09 Physiotherapy	273,913	168,317	227,357	231,972	96,768	49,590	33,223	7,873	1,089,013
40.08 Primary health care	711,035	497	62,705	61,922	314	0	124,377	0	960,850
40.34 Specialist mental health	725,672	0	0	147	952	0	222,944	0	949,715
40.12 Rehabilitation	49,510	489,900	3,856	82,298	1,722	1,178	2,928	19	631,411
40.30 Alcohol and other drugs	513,363	357	31,228	0	0	201	13,393	391	558,933
40.07 Pre-admission and pre-anaesthesia	166,828	55,248	62,125	65,604	29,294	13,141	6,118	0	398,358
40.59 Post acute care	115,190	269,243	2,996	8,936	784	1,086	0	0	398,235
40.06 Occupational therapy	84,917	82,618	86,185	104,970	14,325	5,261	12,895	3,261	394,432
40.35 Palliative care	50,556	172,995	19,122	65,117	9,531	0	0	313	317,634
Other	1,451,140	736,678	558,192	445,580	137,762	73,440	127,232	10,314	3,540,338
<b>Total</b>	<b>4,828,702</b>	<b>2,309,469</b>	<b>1,414,466</b>	<b>1,234,868</b>	<b>361,927</b>	<b>174,561</b>	<b>585,972</b>	<b>34,620</b>	<b>10,944,585</b>

(a) Western Australia and the Northern Territory did not report service events for the *Procedures: Enteral nutrition—home delivered* and *Total parenteral nutrition—home delivered* because these services are not yet recorded in the hospitals' patient management systems.

(b) Counts for *Stand-alone diagnostic services* reported by New South Wales may not be comparable with counts reported for other states and territories. The New South Wales data provided in the NNAP(agg)D includes pathology services that could be reported as 'other non-admitted patient care' in this report (see chapter 4).

(c) Victoria and the Northern Territory did not report service events for *Stand-alone diagnostic services*.

(d) There are eight clinic types in *Stand-alone diagnostic services*, therefore there is no *Other* category shown.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

### 3.4 Who used these services?

This section presents information about the people who received outpatient care.

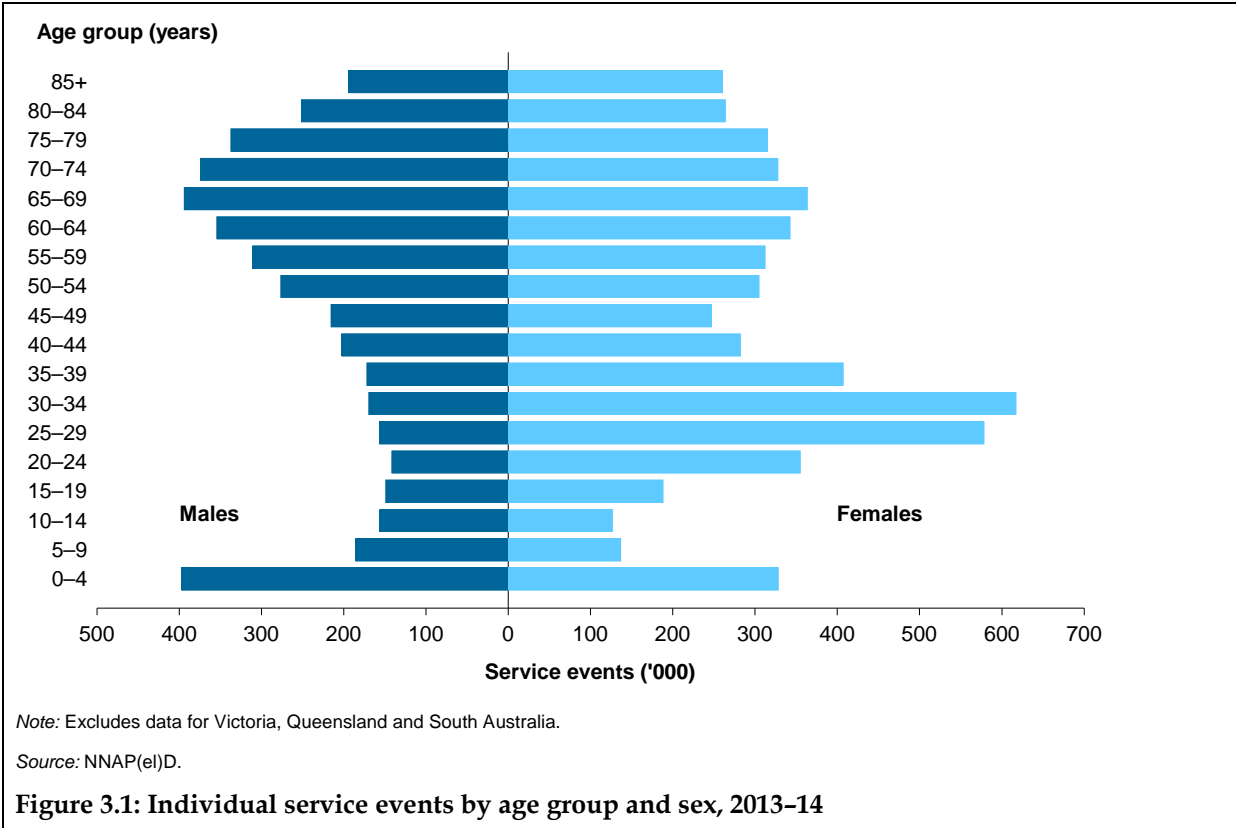
This information is sourced from the 10.2 million individual service events provided for the NNAP(el)D by 5 jurisdictions. The information in this section includes:

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

It should be noted that the information presented here may not be representative of the non-admitted patient care activity for jurisdictions for which data were not reported to the NNAP(el)D. Also, because data for New South Wales accounts for almost two-thirds of the data reported in this section, information presented at the national level may not be representative of the data provided for smaller jurisdictions. Therefore, caution should be used in the interpretation of these data.

#### Age and sex of patient

In 2013–14, there were over 5.8 million individual service events for females, compared with about 4.4 million for males (Figure 3.1 and Table 3.10). Women accounted for about 71% of individual service events for people aged 15 to 44 (the age range that includes most services for obstetrics, maternity and midwifery).



Boys accounted for about 55% of individual service events for children aged 0 to 14.

People aged 65 and over (who make up about 13% of the population) accounted for about 30% of individual service events in 2013–14.

**Table 3.10: Individual service events (episode-level), by age group and sex, 2013–14**

Age group (years)	Males	Females	Persons <sup>(a)(b)</sup>
0–4	397,084	328,099	726,737
5–9	185,321	136,443	323,883
10–14	156,234	126,611	285,186
15–19	148,607	187,946	338,225
20–24	141,161	355,326	497,056
25–29	156,598	578,920	735,688
30–34	169,495	617,491	787,247
35–39	171,780	407,123	579,029
40–44	202,597	282,263	484,945
45–49	215,417	247,254	462,717
50–54	276,484	304,781	581,414
55–59	310,803	312,299	623,200
60–64	354,214	342,545	696,841
65–69	394,112	363,405	757,629
70–74	374,060	327,815	701,969
75–79	337,064	314,939	652,149
80–84	251,445	263,918	515,486
85+	194,157	260,185	464,619
<b>Total<sup>(b)(c)</sup></b>	<b>4,436,692</b>	<b>5,757,445</b>	<b>10,214,445</b>

(a) All persons include records for which the sex of the patient was reported as *Intersex or indeterminate*, or *Not stated /inadequately described*.

(b) Excludes data for Victoria, Queensland and South Australia.

(c) The totals include records for which the age of the patient could not be calculated.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(El)D.

## Aboriginal and Torres Strait Islander people

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013) 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.

However, the quality of the data reported for Indigenous status in non-admitted patient settings has not been formally assessed, so caution should be used when interpreting these data.

In 2013–14, there were about 422,000 individual service events reported for Aboriginal and Torres Strait Islander people for the 5 jurisdictions that provided data to the NNAP(El)D (Table 3.11). Individual service events for Aboriginal and Torres Strait Islander people accounted for about 4.1% of all individual service events reported to the NNAP(El)D.

About 93% of individual service events for people reported as Indigenous Australians were for people of *Aboriginal but not Torres Strait Islander origin*, 2% were for people of *Torres Strait Islander but not Aboriginal origin* and 5% were for people of *Aboriginal and Torres Strait Islander origin*.

For about 4% of individual service events, the Indigenous status of the patient was not reported.

## Remoteness

Remoteness categories divide Australia into areas depending on distances from population centres, using the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS). The patient's area of usual residence can be used to derive the remoteness area of usual residence.

In 2013–14, about 70% of individual service events reported to the NNAP(el)D were provided to people who lived in *Major cities* (Table 3.12). For *Stand-alone diagnostic services*, about 81% of individual service events were provided to people who lived in *Major cities*.

About 65% of individual service events reported to the NNAP(el)D were for New South Wales, and this should be taken into account when interpreting these data. For example, people who live in *Major cities* account for about 73% of the population of New South Wales.

The remoteness of the patient's area of usual residence was unknown for about 8% of records.

## Socioeconomic status

In 2013–14, about 22% of individual service events reported to the NNAP(el)D were provided to people who lived in areas classified as being in the lowest socioeconomic status (SES) group (Table 3.13). For *Stand-alone diagnostic services*, about 24% of individual service events were provided to people who lived in areas classified as being in the highest SES group.

The socioeconomic status of the patient's area of usual residence was unknown for about 8% of records in the NNAP(el)D.

**Table 3.11: Individual service events (episode-level) by Indigenous status, public hospitals, states and territories, 2013–14**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(a)</sup>
Aboriginal but not Torres Strait Islander origin	207,509	n.a.	n.a.	100,709	n.p.	14,226	22,346	46,649	391,439
Torres Strait Islander but not Aboriginal origin	6,381	n.a.	n.a.	671	n.p.	691	251	601	8,595
Aboriginal and Torres Strait Islander origin	17,510	n.a.	n.a.	1,150	n.p.	813	809	1,481	21,763
<i>Indigenous Australians</i>	<i>231,400</i>	<i>n.a.</i>	<i>n.a.</i>	<i>102,530</i>	<i>n.p.</i>	<i>15,730</i>	<i>23,406</i>	<i>48,731</i>	<i>421,797</i>
Neither Aboriginal nor Torres Strait Islander origin	6,211,559	n.a.	n.a.	1,887,983	n.p.	443,521	737,498	140,356	9,420,917
Not reported	183,118	n.a.	n.a.	82,686	n.p.	18,083	87,157	687	371,731
<b>Total individual service events</b>	<b>6,626,077</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,073,199</b>	<b>n.p.</b>	<b>477,334</b>	<b>848,061</b>	<b>189,774</b>	<b>10,214,445</b>

(a) Excludes data for Victoria, Queensland and South Australia.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.



**Table 3.12: Individual service events (episode-level), by Tier 2 clinic class and remoteness of area of residence, public hospitals, 2013–14**

Tier 2 clinic class	Remoteness area of usual residence						Total <sup>(a)</sup>
	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	
Procedures	728,194	132,253	55,189	12,326	7,993	61,561	997,516
Medical consultations	2,808,617	539,541	301,274	103,278	65,633	268,737	4,087,080
Stand-alone diagnostic services	183,980	26,634	6,196	590	314	8,261	225,975
Allied health and/or clinical nurse specialist interventions	3,431,798	603,820	283,308	63,061	34,978	463,854	4,880,819
Not reported	22,402	444	4	0	0	205	23,055
<b>Total</b>	<b>7,174,991</b>	<b>1,302,692</b>	<b>645,971</b>	<b>179,255</b>	<b>108,918</b>	<b>802,618</b>	<b>10,214,445</b>
<b>Proportion of total (%)</b>	<b>70.2</b>	<b>12.8</b>	<b>6.3</b>	<b>1.8</b>	<b>1.1</b>	<b>7.8</b>	

(a) Excludes data for Victoria, Queensland and South Australia.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

**Table 3.13: Individual service events (episode-level), by Tier 2 clinic class and socioeconomic status of area of residence, public hospitals, 2013–14**

Tier 2 clinic class	Socioeconomic status of area of usual residence						Total <sup>(a)</sup>
	1—Lowest	2	3	4	5—Highest	Not reported	
Procedures	284,584	201,649	173,528	129,685	146,442	61,628	997,516
Medical consultation	841,609	759,427	776,909	633,467	804,988	270,680	4,087,080
Stand-alone diagnostic services	51,109	36,230	39,505	36,792	54,044	8,295	225,975
Allied health and/or clinical nurse specialist intervention	1,009,071	886,214	873,964	735,885	910,804	464,881	4,880,819
Not reported	9,802	4,217	4,578	2,556	1,697	205	23,055
<b>Total</b>	<b>2,196,175</b>	<b>1,887,737</b>	<b>1,868,484</b>	<b>1,538,385</b>	<b>1,917,975</b>	<b>805,689</b>	<b>10,214,445</b>
<b>Proportion of total (%)</b>	<b>21.5</b>	<b>18.5</b>	<b>18.3</b>	<b>15.1</b>	<b>18.8</b>	<b>7.9</b>	

(a) Excludes data for Victoria, Queensland and South Australia.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

## 3.5 How were services provided?

This section presents information on whether outpatient care was provided at the hospital or another location, and whether the service was provided face to face (in person) or by another method. This information is based on the 10.2 million individual service events and the 400,000 group service events provided for the NNAP(el)D by 5 jurisdictions.

### Where was the service provided?

The 'service delivery setting' identifies whether the service was provided on campus (at the hospital), or off campus (at another location).

In 2013–14, about 76% of individual service events and 57% of group service events were provided on the hospital campus (Table 3.14). Some non-admitted patient services were provided at the patient's home, for example *Renal dialysis – home delivered* (haemodialysis or peritoneal dialysis).

**Table 3.14: Individual service events (episode-level) by service delivery setting, public hospitals, 2013–14**

Service delivery setting	Individual service events	Group service events	Total <sup>(a)</sup>
On the hospital campus of the health-care provider	7,810,180	230,747	8,040,927
Off the hospital campus of the health-care provider	2,400,901	171,288	2,572,189
Not reported	3,364	0	3,364
<b>Total</b>	<b>10,214,445</b>	<b>402,035</b>	<b>10,616,480</b>

(a) Excludes data for Victoria, Queensland and South Australia.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods. Source: NNAP(el)D.

### How was the service delivered?

The method of communication between a non-admitted patient and a health-care provider during a service event is described by the service delivery mode. It identifies whether the non-admitted patient service event was provided 'in person' or by another method, such as by telephone or by videoconference.

In 2013–14, almost 92% of individual service events and almost 100% of group service events were delivered in person (Table 3.15). About 8% of individual service events were delivered by telephone.

**Table 3.15: Individual service events (episode-level) by service delivery mode, public hospitals, 2013–14**

Service delivery mode	Individual service events	Group service events	Total <sup>(a)</sup>
In person	9,352,912	401,386	9,754,298
Telephone	832,072	628	832,700
Videoconference	4,493	0	4,493
Electronic mail	22,936	21	22,957
Other	2,032	0	2,032
<b>Total</b>	<b>10,214,445</b>	<b>402,035</b>	<b>10,616,480</b>

(a) Excludes data for Victoria, Queensland and South Australia.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(el)D.

## 3.6 How were services funded?

This section presents information on the principal source of funds for the non-admitted patient service event.

The clinic-level aggregate data provided for the NNAPC(agg)D contains information on whether the service event was funded by the Medicare Benefits Scheme (MBS), or by another source of funding.

For 2013–14, funding source information was not reported to the NNAPC(agg)D by South Australia, Tasmania and the Northern Territory (Table 3.16).

In addition, Queensland did not provide any records with a funding source of MBS because MBS-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D.

For the states and territories that did provide information to the NNAPC(agg)D for funding source, about 15% of individual service events were funded by the MBS.

*Stand-alone diagnostic services* was the Tier 2 clinic class with the highest proportion of individual service events (37%) funded by the MBS. For *Allied health and/or clinical nurse specialist interventions*, fewer than 2% were funded by the MBS.

There were variations among jurisdictions in the proportions of individual service events that were funded by the MBS. For example, for the Tier 2 clinic class *Procedures*, the proportion funded by the MBS ranged from 16% in New South Wales to 91% in the Australian Capital Territory.

### Where to go for more information

More information on hospital expenditure and funding will be available in *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015b).

Information on data limitations and methods is available in appendixes A and B.

**Table 3.16: Individual service events (aggregate data) by funding source, states and territories, 2013–14**

Funding source	NSW	Vic	Qld <sup>(a)</sup>	WA	SA <sup>(b)</sup>	Tas <sup>(b)</sup>	ACT	NT <sup>(b)</sup>	Total
<b>Medicare Benefit Scheme</b>									
Procedures	204,685	203,290	0	74,796	n.a.	n.a.	27,906	n.a.	510,677
Medical consultations	1,079,169	638,529	0	33,196	n.a.	n.a.	84,355	n.a.	1,835,249
Stand-alone diagnostic services	878,904	n.a.	0	4,908	n.a.	n.a.	5,443	n.a.	889,255
Allied health and/or clinical nurse specialist intervention	126,740	27,735	0	3,939	n.a.	n.a.	5,875	n.a.	164,289
<i>Total</i>	<i>2,289,498</i>	<i>869,554</i>	<i>0</i>	<i>116,839</i>	<i>n.a.</i>	<i>n.a.</i>	<i>123,579</i>	<i>n.a.</i>	<i>3,399,470</i>
<b>Other</b>									
Procedures	1,090,849	750,211	574,519	132,004	n.a.	n.a.	2,723	n.a.	2,550,306
Medical consultations	2,044,139	1,523,893	1,103,445	882,745	n.a.	n.a.	124,946	n.a.	5,679,194
Stand-alone diagnostic services	1,391,158	n.a.	80,060	17,065	n.a.	n.a.	19,219	n.a.	1,507,502
Allied health and/or clinical nurse specialist intervention	4,701,962	2,281,734	1,414,466	1,230,929	n.a.	n.a.	580,097	n.a.	10,209,188
<i>Total</i>	<i>9,228,108</i>	<i>4,555,838</i>	<i>3,172,490</i>	<i>2,262,743</i>	<i>n.a.</i>	<i>n.a.</i>	<i>726,985</i>	<i>n.a.</i>	<i>19,946,190</i>
<b>Total</b>	<b>11,517,606</b>	<b>5,425,392</b>	<b>3,172,490</b>	<b>2,379,582</b>	<b>1,861,636</b>	<b>480,562</b>	<b>850,564</b>	<b>189,774</b>	<b>25,877,606</b>

(a) Queensland did not report any non-admitted patient service events with a funding source of Medicare Benefits Scheme because MBS-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D.

(b) South Australia, Tasmania and the Northern Territory were not able to provide information on funding source.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

## 4 Other non-admitted patient care

This chapter presents an overview of other non-admitted patient services provided by public hospitals, over time and for 2013–14.

Other non-admitted patient care includes the dispensing of medication and the provision of diagnostic procedures, including pathology, X-rays and ultrasounds – often provided in association with admitted patient care or outpatient clinic services. District nursing, outreach and community health services may also be delivered from hospitals for non-admitted patients.

The information on non-admitted patient activity in this chapter has been compiled using occasions of service data sourced from the NPHEd for which the type of non-admitted patient care was one of:

- Pharmacy
- Pathology
- Radiology and organ imaging
- Community health services
- District nursing services
- Other outreach services.

### Key findings

#### How has activity changed over time?

Between 2009–10 and 2013–14, the number of individual occasions of service for other non-admitted patient care increased by 3.2% on average each year (after adjusting for the missing data for Victoria).

#### How much activity in 2013–14?

In 2013–14, about 22.3 million individual occasions of service were reported for other non-admitted patient care (excluding Victoria).

*Principal referral and women's and children's hospitals* provided about 36% of individual occasions of service for other non-admitted patient care and *Public acute group A hospitals* accounted for a further 23%.

#### What services were provided?

In 2013–14, about 37% of individual occasions of service reported for other non-admitted patient care were for *Pathology*, 22% were for *Pharmacy* and 16% were for *Community health services*.

## 4.1 How many other non-admitted patient services were provided?

This section presents information on the number of services provided for other non-admitted patient care, over time and for 2013–14.

This information is based on occasions of service data for non-admitted patient activity provided to the NPHEd for essentially all public hospitals (excluding Victoria in 2013–14).

### Changes over time

Between 2009–10 and 2013–14, the number of individual occasions of service for other non-admitted patient care increased by an average of 3.2% per year (after adjusting for the missing non-admitted patient data for Victoria in 2013–14) (Table 4.1).

Over this period, there were large increases in the numbers of individual occasions of service reported for *Community health* services (12.9% on average each year, after adjusting for the missing non-admitted patient data for Victoria in 2013–14).

Between 2012–13 and 2013–14, the number of individual occasions of service for other non-admitted patient care decreased by 1.8% (after adjusting for the missing non-admitted patient data for Victoria in 2013–14).

**Table 4.1: Individual occasions of service for other non-admitted patient care, public hospitals, 2009–10 to 2013–14**

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%) <sup>(a)</sup>	
						Average since 2009–10	Since 2012–13
Pathology	8,357,225	8,861,756	10,251,855	9,615,209	8,423,357	2.8	–3.6
Pharmacy	4,964,428	4,890,171	5,630,642	5,038,400	4,839,518	1.9	4.8
Radiology and organ imaging	3,493,194	3,445,376	3,467,006	3,024,146	2,371,111	–4.4	–0.3
Community health	2,546,899	2,619,723	3,159,024	4,439,075	3,659,924	12.9	–8.8
District nursing	1,949,530	1,778,590	2,107,956	1,910,371	1,972,367	3.5	12.7
Outreach services	799,745	862,615	1,033,129	1,229,783	1,057,230	7.4	–14.0
<b>Total individual occasions of service</b>	<b>22,111,021</b>	<b>22,458,231</b>	<b>25,649,612</b>	<b>25,256,984</b>	<b>22,323,507</b>	<b>3.2</b>	<b>–1.8</b>

(a) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13. For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

### Changes in reporting of other non-admitted patient data over time

Between 2009–10 and 2013–14, there were variations in the reporting of other non-admitted patient care to the NPHEd, both among and within jurisdictions (Table 4.2). Therefore, caution should be used in the interpretation of these data. More information on these variations is available in tables accompanying this report online.

For other non-admitted patient care, the following variations should be noted.

For New South Wales, there were variations over time in the numbers of occasions of service reported for:

- *Community health*, which increased by an average of 13% per year, with a notable increase between 2011–12 and 2012–13
- *Outreach*, which increased by an average of 21% per year, with a decrease between 2012–13 and 2013–14.

For Victoria non-admitted patient data were not reported for 2013–14. For 2011–12, Victoria was not able to report all *Community health* occasions of service. There was a notable decrease (37%) in the numbers of occasions of service reported for *District nursing* between 2011–12 and 2012–13.

For Queensland, there were notable variations over time in the numbers of occasions of service reported for:

- *Community health*, which increased markedly between 2011–12 and 2012–13 and then decreased between 2012–13 and 2013–14
- *Outreach services*, which decreased by 31% between 2012–13 and 2013–14
- *District nursing* services were not reported to the NPHED for 2012–13 and 2013–14.

For Western Australia, there were notable variations over time in the numbers of occasions of service reported for:

- *Pathology*, which increased by 25% between 2011–12 and 2012–13
- *Outreach services* and *District nursing* services, which both decreased between 2011–12 and 2013–14.

For South Australia, *Community health* and *District nursing* services were not reported to the NPHED for 2012–13 and 2013–14.

For Tasmania *Pathology*, *Pharmacy* and *Radiology and organ imaging* were not reported to the NPHED between 2010–11 and 2013–14. Tasmania commenced reporting *Community health* to the NPHED in 2010–11.

For the Australian Capital Territory, from 2011–12, other non-admitted patient care data differ from previous years due to the inclusion of public hospital non-admitted patient services delivered in the community. There were notable increases in the numbers of occasions of service reported for *Pathology*, *Pharmacy* and *Radiology and organ imaging* between 2010–11 and 2011–12.

#### **Where to go for more information**

Additional information on variation in the reporting of other non-admitted patient care over time for states and territories is available in tables S3.1a–S3.1h, accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

**Table 4.2: Individual occasions of service for other non-admitted patient care, public hospitals, states and territories, 2009–10 to 2013–14**

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales	10,420,446	10,528,927	12,824,549	12,557,756	12,783,703	5.2	1.8
Victoria <sup>(a)</sup>	2,464,441	2,538,160	2,339,840	2,535,228	n.a.	n.a.	n.a.
Queensland <sup>(b)</sup>	5,970,408	6,133,243	6,081,135	5,729,085	5,529,866	-1.9	-3.5
Western Australia	2,115,751	2,379,615	2,624,043	2,783,970	2,753,322	6.8	-1.1
South Australia	454,954	442,451	472,758	440,713	321,828	-8.3	-27.0
Tasmania <sup>(c)</sup>	293,667	28,787	20,627	13,580	12,076	-55.0	-11.1
Australian Capital Territory <sup>(d)</sup>	168,062	169,174	1,034,813	937,651	660,978	40.8	-29.5
Northern Territory	223,292	237,874	251,847	259,001	261,734	4.1	1.1
<b>Total<sup>(e)</sup></b>	<b>22,111,021</b>	<b>22,458,231</b>	<b>25,649,612</b>	<b>25,256,984</b>	<b>22,323,507</b>	<b>3.2</b>	<b>-1.8</b>

(a) For 2011–12, data supply issues in Victoria resulted in significant under-reporting of non-admitted occasions of service for *Community health*. For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

(b) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(c) From 2010–11, Tasmania was able to exclude counts of occasions of service provided at public hospitals by private specialists. In 2009–10, these were included in Tasmania's public hospital counts.

(d) From 2011–12, data reported for the Australian Capital Territory differ from previous years due to the inclusion of public hospital non-admitted/outpatient services delivered in the community.

(e) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

## How many occasions of service were there in 2013–14?

In 2013–14, there were more than 22 million individual occasions of service for other non-admitted patient care reported to the NPHEd (excluding Victoria).

Based on the number of individual occasions of service for other non-admitted patient care reported for Victoria in 2012–13, it is estimated that more than 25 million individual occasions of service for other non-admitted patient care were provided in 2013–14.

Overall, other non-admitted patient care accounted for about 56% of all non-emergency non-admitted occasions of service reported to the NPHEd (tables 3.4 and 4.3).

In 2013–14, *Principal referral and women's and children's hospitals* provided about 36% of individual occasions of service for other non-admitted patient care (Table 4.3) and *Public acute group A hospitals* accounted for about 23% of individual occasions of service for other non-admitted patient care.

Other non-admitted patient care for *Other hospitals* in New South Wales includes a large number of occasions for Justice Health (a correctional facility health service) that may not be typical for other hospitals.



**Table 4.3: Individual occasions of service for other non-admitted patient care, by public hospital peer group, states and territories, 2013–14**

Public hospital peer group	NSW	Vic <sup>(a)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	3,697,462	n.a.	1,886,115	1,578,231	104,148	8,759	547,966	155,219	7,977,900
Public acute group A hospitals	2,419,322	n.a.	2,228,903	358,622	33,897	2,642	113,012	76,237	5,232,635
Public acute group B hospitals	910,083	n.a.	715,048	318,833	3	594	..	..	1,944,561
Public acute group C hospitals	775,956	n.a.	324,808	288,030	61,369	0	..	30,278	1,480,441
Public acute group D hospitals	530,595	n.a.	277,639	105,443	101,174	81	..	..	1,014,932
Other hospitals <sup>(b)</sup>	4,450,285	n.a.	97,353	104,163	21,237	0	0	..	4,673,038
<b>Total</b>	<b>12,783,703</b>	<b>n.a.</b>	<b>5,529,866</b>	<b>2,753,322</b>	<b>321,828</b>	<b>12,076</b>	<b>660,978</b>	<b>261,734</b>	<b>22,323,507</b>

(a) For 2013–14, Victoria did not provide occasions of service for non-admitted patient activity to the NPHED.

(b) Other non-admitted patient care for *Other hospitals* in New South Wales include a large number of occasions of service for Justice Health that may not be typical for other hospitals.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHED.

## 4.2 What services were provided in 2013–14?

This section presents information on the types of other non-admitted patient care provided by public hospitals in 2013–14.

This information is sourced from the aggregate data provided to the NPHEd for essentially all public hospitals (excluding Victoria).

The types of other non-admitted patient care provided by jurisdictions vary and this may reflect differences in the administration of services across jurisdictions.

For individual occasions of service, in 2013–14:

- New South Wales reported the majority of occasions of service for *Pharmacy* (84% of total) and *District nursing* (96% of total) (Table 4.4).
- Queensland reported relatively large numbers of occasions of service for *Pathology* (45% of total) and *Radiology and organ imaging* (43% of total).
- Western Australia reported relatively large numbers of occasions of service for *Community health* (27% of total).
- South Australia reported relatively large numbers of occasions of service for *Outreach services* (22% of total).

### **Where to go for more information**

Information on data limitations and methods is available in appendixes A and B.

**Table 4.4: Individual occasions of service for other non-admitted patient care, public hospitals, states and territories, 2013–14**

Type of non-admitted patient care	NSW <sup>(a)</sup>	Vic <sup>(b)</sup>	Qld <sup>(c)</sup>	WA	SA	Tas	ACT	NT	Total
Pathology	3,214,896	n.a.	3,827,967	853,363	0	0	388,267	138,864	8,423,357
Pharmacy	4,078,512	n.a.	476,456	209,139	0	0	45,008	30,403	4,839,518
Radiology and organ imaging	616,563	n.a.	1,024,240	502,193	86,514	0	49,134	92,467	2,371,111
Community health	2,360,298	n.a.	108,763	1,000,218	0	12,076	178,569	0	3,659,924
District nursing	1,884,994	n.a.	.	87,373	0	0	0	0	1,972,367
Outreach services	628,440	n.a.	92,440	101,036	235,314	0	0	0	1,057,230
<b>Total individual other non-admitted patient care</b>	<b>12,783,703</b>	<b>n.a.</b>	<b>5,529,866</b>	<b>2,753,322</b>	<b>321,828</b>	<b>12,076</b>	<b>660,978</b>	<b>261,734</b>	<b>22,323,507</b>

(a) Other non-admitted patient care for New South Wales include a large number of occasions of service for Justice health that may not be typical for other jurisdictions.

(b) For 2013–14, Victoria did not provide occasions of service for non-admitted patient activity to the NPHED.

(c) For Queensland, *District nursing* is not reported by hospitals.

*Note:* See Box 1.1 and appendixes A and B for notes on data limitations and methods.

*Source:* NPHED.

# Appendix A: Database quality statement summaries

This appendix includes data quality summaries and additional detailed information relevant to interpretation of the information on non-admitted patient care activity provided for the:

- the National Public Hospital Establishments Database (NPHEd)
- the National Non-admitted Patient Care Database (NNAPC(agg)D)
- the National Non-admitted Patient (episode-level) Database (NNAP(el)D).

Complete data quality statements for the NPHEd, the NNAPC(agg)D and the NNAP(el)D are available online at <meteor.aihw.gov.au>.

## National Public Hospital Establishments Database

The NPHEd is based on the National Minimum Data Set (NMDS) for Public hospital establishments. It holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients.

A more comprehensive data quality summary on the NPHEd will be included in the report *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015b).

The reference period for this data set is 2013–14.

### Summary of key issues

- In 2013–14, the NPHEd included essentially all public hospitals in Australia.
- For 2013–14, Victoria did not report non-admitted patient activity (occasions of service) to the NPHEd.
- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.
- There is variation over time and among jurisdictions in the reporting of non-admitted patient care activity that should be considered when interpreting the information presented.

## National Non-admitted Patient Care (aggregate) Database

The NNAPC(agg)D is based on the National Minimum Data Set for Non-admitted Patient Care (NAPC NMDS).

It holds clinic-level data on the type of outpatient clinic, counts of individual and group service events and group sessions and whether the service event was funded by the Medicare Benefits Scheme (MBS) or another source of funding.

For 2013–14, the scope of the NNAPC(agg)D was non-admitted patient service events involving non-admitted patients in activity-based funded hospitals. However, data were also supplied for some 'block-funded' hospitals in Western Australia and South Australia.

The reference period for this data set is 2013–14. The data set includes records for non-admitted patient service events provided between 1 July 2013 and 30 June 2014.

### Summary of key issues

- For 2013–14, the proportion of non-admitted patient service events reported to the NNAPC(agg)D was estimated as 90% of outpatient care activity reported to the NPHEd for all public hospitals.
- Although the NNAPC(agg)D is a valuable source of information on services provided to non-admitted patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- There were variations in the assignment of and reporting against Tier 2 outpatient clinic types among jurisdictions.
- Counts for *Stand-alone diagnostic services* reported by New South Wales may not be comparable with counts reported for other states and territories.
- Victoria and the Northern Territory did not report any service events within the class *Stand-alone diagnostic services*.
- Funding source information was not reported for South Australia, Tasmania and the Northern Territory. Queensland did not provide any records with a funding source of MBS. In addition, MBS-funded activity was likely to be under-reported for Victoria and Western Australia.
- Numbers of group sessions were not provided by New South Wales and Tasmania, and were under-reported for Victoria and Western Australia.

## National Non-admitted Patient (episode-level) Database

The NNAP(el)D is based on the Data Set Specification for Non-admitted patients (NAP DSS).

It holds episode-level data including selected patient characteristics, the type of outpatient clinic, whether the episode was an individual or a group service event, the source of the request for service, the service delivery setting, the service delivery mode and the source of funding.

The scope of the NNAP(el)D is non-admitted patient service events involving non-admitted patients in activity-based funded hospitals. However, data were also supplied for some 'block-funded' hospitals in Western Australia.

The reference period for this data set is 2013–14. The data set includes records for non-admitted patient service events provided between 1 July 2013 and 30 June 2014.

### Summary of key issues

- For 2013–14, these data were provided to the AIHW on a 'best-efforts' basis by 6 jurisdictions – New South Wales, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory.
- For South Australia, episode-level non-admitted patient data were not included in this report as South Australia raised concerns that the data were not representative of all non-admitted patient activity in the jurisdiction.
- For 2013–14, the proportion of non-admitted patient service events reported to the NNAP(el)D was estimated at about 39% of outpatient care activity reported to the NPHEd for all public hospitals. The proportion of outpatient activity reported to the NNAP(el)D varied among the 5 jurisdictions for which these data are reported, ranging from 50% for New South Wales to almost 100% for the Australian Capital Territory.
- For 2013–14, the proportion of individual non-admitted patient service events reported to the NNAP(el)D was estimated as 66% of the individual non-admitted patient service events provided for the NNAPC(agg)D – for the 5 jurisdictions for which these data are reported. The proportion varied among the 5 jurisdictions, ranging from 57% for New South Wales to 100% for the Northern Territory.
- The NNAP(el)D is a valuable source of information on services provided to non-admitted patients. However, it should be noted that there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting. For example, there are differences among jurisdictions in the inclusion of non-admitted patient activity for services delivered 'off campus', for services not delivered 'in person' and for service events funded by the MBS.
- There were variations in the assignment of and reporting against Tier 2 outpatient clinic types among jurisdictions.
- In 2013–14, New South Wales provided Statistical Local Area (SLA) codes for area of usual residence.
- Sex was 'Not stated/inadequately described' for about 15,000 records in New South Wales and for about 22,000 records in Western Australia.

- For Western Australia, about 14,000 records were missing date of birth and so the age of the patient could not be calculated for those records.
- The quality of the data reported for Indigenous status in non-admitted patient settings has not been formally assessed, so caution should be used when interpreting these data.
- For the Australian Capital Territory, a relatively large proportion of records for group service events were not provided with a valid Statistical Area level 2 (SA2) (provided to identify the patient's area of usual residence).
- For the Northern Territory, all records had a service delivery mode of In person, which may indicate that services provided by other modes of delivery were not able to be reported. In addition, the Northern Territory did not report records with a funding source of MBS and did not provide service request date or service request source information.
- There were large numbers of records for which the service request source was not reported.

## Appendix B: Technical information

This appendix covers:

- definitions and classifications used
- presentation of data in this report
- analysis methods.

### Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary (versions 16, 16.1 and 16.2)* (AIHW 2012, 2015d and 2015e) (summarised in the Glossary).

Data element definitions for each National Minimum Data Set (NMDS) and Data Set Specification (DSS) are also available online for the:

- Public hospital establishments NMDS 2013–14 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/504279>
- Non-admitted patient care (aggregate) NMDS 2013–14 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/508306>
- Non-admitted patient DSS 2013–14 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/509071>.

### Geographical classifications

Data on geographical location are collected on the area of usual residence of patients in the NNAP(ell)D. These data are specified in the DSS as state or territory of residence and SA2, a small area unit within the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS).

#### Remoteness areas

Data on remoteness area of usual residence are defined using the ABS's ASGS Remoteness Structure 2011 (ABS 2011).

The ABS's ASGS Remoteness Structure 2011 categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website [www.abs.gov.au](http://www.abs.gov.au). The classification is as follows:

- *Major cities* – for example, Sydney, Melbourne, Brisbane, Adelaide, Perth, Canberra and Newcastle
- *Inner regional* – for example, Hobart, Launceston, Wagga Wagga, Bendigo and Murray Bridge
- *Outer regional* – for example, Darwin, Moree, Mildura, Cairns, Charters Towers, Whyalla and Albany
- *Remote* – for example, Port Lincoln, Esperance, Queenstown and Alice Springs
- *Very remote* – for example, Mount Isa, Cobar, Coober Pedy, Port Hedland and Tennant Creek.



## Reporting data on area of usual residence of the patient

In 2013–14, New South Wales provided SLA codes for area of usual residence. All other states and territories that provided data for the NNAP(el)D provided SA2 codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction.

For New South Wales, the AIHW mapped SLA to SA2 using ABS correspondence information. The AIHW then mapped the SA2 of area of usual residence for each service event to remoteness area categories based on the ABS's ASGS Remoteness Structure 2011. These mappings were undertaken on a probabilistic basis as necessary, using ABS correspondence information describing the distribution of the population by remoteness areas and SA2s. Because of the probabilistic nature of this mapping, the SA2 and remoteness area data for individual records may not be accurate; however, the overall distribution of records by geographical areas is considered useful.

For the NNAP(el)D, about 96% of records included data on the area of usual residence in the form of an SA2.

## Socioeconomic status

Data on socioeconomic status groups are defined using the ABS's Socio-Economic Indexes For Areas 2011 (SEIFA 2011) (ABS 2013).

The SEIFA 2011 data are generated by the ABS using a combination of 2011 Census data, including income, education, health problems/disability, access to Internet, occupation/unemployment, wealth and living conditions, dwellings without motor vehicles, rent paid, mortgage repayments, and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based on the Census collection districts. The SEIFAs are described in detail on the ABS website <[www.abs.gov.au](http://www.abs.gov.au)>.

The SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) is one of the ABS's SEIFA indexes. The relative disadvantage scores indicate the collective socioeconomic status of the people living in an area, with reference to the situation and standards applying in the wider community at a given point in time. A relatively disadvantaged area is likely to have a high proportion of relatively disadvantaged people. However, such an area is also likely to contain people who are not disadvantaged, as well as people who are relatively advantaged.

Counts of non-admitted patient service events by socioeconomic status were generated by the AIHW using the IRSD scores for the SA2 of usual residence of the patient reported for each service event. The '1 – Lowest' group represents the areas containing the 20% of the national population with the most disadvantage, and the '5 – Highest' group represents the areas containing the 20% of the national population with the least disadvantage (Table B1). These SES groups do not necessarily represent 20% of the population in each jurisdiction.

**Table B1: Labels used for socioeconomic groups in this report**

Label	Socioeconomic status group
1—Lowest	Most disadvantaged
2	Second most disadvantaged
3	Middle
4	Second least disadvantaged
5—Highest	Least disadvantaged

## Classification of non-admitted patient services

The classification of non-admitted patient care activity differs depending on the data source.

For data provided to the NPHEd, non-admitted patient care activity is categorised using the type of non-admitted patient care.

For data provided to the NNAPC(agg)D and the NNAP(el)D, non-admitted patient care activity is categorised using Tier 2 clinic categories (IHPA 2013b).

### Type of non-admitted patient care

In the NPHEd, non-admitted patient services are classified according to the following 14 types of non-admitted patient care:

- Emergency
- Allied health
- Dental
- Dialysis
- Endoscopy and related procedures
- Other medical/surgical/diagnostic
- Pharmacy
- Pathology
- Radiology and organ imaging
- Mental health
- Alcohol and drug
- Community health
- District nursing
- Other outreach.

### Tier 2 clinics

In the NNAPC(agg)D and the NNAP(el)D, non-admitted patient services are classified according to 136 Tier 2 clinic types as defined in the *Tier 2 Non-Admitted Services classification version 2.0* (IHPA 2013b).

The 136 Tier 2 clinic types can be categorised into 4 classes:

- Procedures – provided by a surgeon or other medical specialist
- Medical consultations – provided by a general physician or medical specialist
- Stand-alone diagnostic services – within a specific field of medicine or condition
- Allied health and/or clinical nurse specialist interventions – provided by an allied health professional or clinical nurse specialist.

## Presentation of data

Data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The totals in tables include data only for those states and territories for which data were available, as indicated in the tables.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages printed as 0.0 or 0 generally indicate a zero. The symbol '<0.1' denotes less than 0.05 but greater than 0.

## Suppression of data

The AIHW operates under a strict privacy regime which has its basis in Section 29 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). Section 29 requires that confidentiality of data relating to persons (living and deceased) and organisations be maintained. The Privacy Act governs confidentiality of information about living individuals.

The AIHW is committed to reporting that maximises the value of information released for users while being statistically reliable and meeting legislative requirements described above.

The abbreviation 'n.p.' is used in tables to denote the suppression of data. Data (cells) in tables may be suppressed in order to maintain the privacy or confidentiality of a person or organisation, or because a proportion or other measure is related to a small number of events and may therefore not be reliable.

Data may be suppressed to avoid attribute disclosure.

Where necessary, other cells in the table may also be suppressed to prevent calculation of the confidential information. Unless otherwise noted, the totals in these tables include the suppressed information.

## Analysis methods

### Non-admitted patient care data analyses

Records for 2013–14 are for non-admitted patient activity that occurred in the period 1 July 2012 to 30 June 2013.

For the NNAP(el)D, a record is included for each service event, not for each patient, so patients who receive more than one non-admitted patient service event in the year have more than one record in the NNAP(el)D.

### Categorisation of non-admitted patient care

For the purposes of this report, the AIHW has categorised the data provided for non-admitted patient care into either *Outpatient care* or *Other non-admitted patient care*.

The aim of this categorisation is to define which of the services reported to the NPHEd are covered by the services reported to the NNAPC(agg)D and the NNAP(el)D.

It should be noted that the categorisation may not reflect the types of services reported to the NNAPC(agg)D for all jurisdictions, but is useful in determining the proportion of all outpatient care (for example, for all hospitals that reported non-admitted patient activity to the NPHEd) that was reported to the NNAPC(agg)D in 2013–14.

## Occasions of service categorised as outpatient care

For the purposes of this report, the category *Outpatient care* includes the following non-admitted patient care types reported to the NPHEd:

- Allied health
- Dental
- Dialysis
- Endoscopy and related procedures
- Other medical/surgical/diagnostic)
- Mental health
- Alcohol and drug services.

For the NNAPC(agg)D and the NNAP(el)D, all non-admitted patient service events were categorised as *Outpatient care*.

## Occasions of service categorised as other non-admitted patient care

For the purposes of this report, the category *Other non-admitted patient care* includes the following types of non-admitted patient care reported to the NPHEd:

- Pharmacy
- Pathology
- Radiology and organ imaging
- Community health
- District nursing
- Outreach services.

## Estimated proportions

The provision in 2013–14 of the non-admitted patient occasions of service data through the NPHEd and the non-admitted service event data through the NNAPC(agg)D and the NNAP(el)D allows an estimate of the coverage of the non-admitted patient care provided for the NNAPC(agg)D and the NNAP(el)D to be calculated.

However, the estimation of coverage is affected by differences in the scope, clinic mappings and counting units applying across the three non-admitted patient collections.

In addition, there are differences among jurisdictions in the inclusion of non-admitted patient activity for services delivered 'off campus', for services not delivered 'in person' and for service events funded by the MBS.

There is variation among states and territories in which non-admitted patient activity reported to the NPHEd is categorised as either *Outpatient care* or *Other non-admitted patient care* that may affect the interpretation of the data presented chapters 3 and 4.

## Coverage of the NNAPC(agg)D compared with the NPHEd

Because the counting units are different, an estimate of coverage of the NNAPC(agg)D compared with the NPHEd has been calculated using the numbers of individual occasions of service provided to the NPHEd for *Outpatient care* as described above.

It was assumed that, if a hospital reported non-admitted patient activity to both the NPHEd and to the NNAPC(agg)D, then the hospital provided 100% of the non-admitted patient activity to both NMDs. For hospitals that did not provide non-admitted patient activity to the NNAPC(agg)D (for example, because the hospital was not in scope for the NNAPC(agg)D), the non-admitted patient activity 'missing' from the NNAPC(agg)D was assumed to be equal to the number of individual occasions of service for *Outpatient care* provided by that hospital for the NPHEd.

For example, a jurisdiction has 2 hospitals – Hospital A was in scope to report to the NNAPC(agg)D and Hospital B was not in scope (and did not provide data) for the NNAPC(agg)D. Both hospitals provided non-admitted patient care data to the NPHEd. The coverage calculation is:

$$\text{Coverage (\%)} = 100 * (\text{NPHEd}_A / (\text{NPHEd}_A + \text{NPHEd}_B))$$

where:

- NPHEd<sub>A</sub> is the number of individual occasions of service for *Outpatient care* reported to the NPHEd for Hospital A
- NPHEd<sub>B</sub> is the number of individual occasions of service for *Outpatient care* reported to the NPHEd for Hospital B.

### Coverage of the NNAP(el)D compared with the NPHEd

As the counting units are different, an estimate of coverage of the NNAP(el)D compared with the NPHEd was calculated using the numbers of individual occasions of service provided to the NPHEd for *Outpatient care*, multiplied by the proportion of individual service events reported to the NNAPC(agg)D that were also reported to the NNAP(el)D.

Using the example above, if Hospital A reported fewer individual service events to the NNAP(el)D than to the NNAPC(agg)D, then the coverage calculation is:

$$\text{Coverage (\%)} = 100 * (\text{NPHEd}_A * (\text{NNAP(el)D}_A / \text{NNAPC(agg)D}_A) / (\text{NPHEd}_A + \text{NPHEd}_B))$$

where:

- NNAP(el)D<sub>A</sub> is the number of individual service events reported to the NNAP(el)D for Hospital A
- NNAPC(agg)D<sub>A</sub> is the number of individual service events reported to the NNAPC(agg)D for Hospital A.

### Coverage of the NNAP(el)D compared with the NNAPC(agg)D

An estimate of coverage of the NNAP(el)D compared with the NNAPC(agg)D can be calculated as:

$$\text{Coverage (\%)} = 100 * \text{NNAP(el)D}_A / \text{NNAPC(agg)D}_A$$

## Appendix C: Public hospital peer groups

This report uses a public hospital peer group classification developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee and the Australian Private Hospital Statistics Advisory Committee, in 2013 and 2014.

The public hospital peer group classification includes separate peer groups for public acute hospitals and for specialised and non-acute hospitals.

### Acute public hospitals

Acute public hospitals are identified according to the hospital's service profile.

*Principal referral hospitals* provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an infectious diseases unit and a 24-hour emergency department.

*Public acute group A hospitals* provide a wide range of services to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals, but provide a narrower range of services than the *Principal referral* group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units

Most *Public acute group B hospitals* have a 24-hour emergency department and perform elective surgery. They provide a narrower range of services than the *Principal referral* and *Public acute group A* hospitals. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units.

*Public acute group C hospitals* usually provide an obstetric unit, surgical services and some form of emergency facility. They are generally smaller than the *Public acute group B* hospitals.

*Public acute group D hospitals* are often situated in regional and remote areas and offer a smaller range of services relative to other public acute hospitals (groups A–C). Hospitals in this group tend to have a greater proportion of non-acute separations compared with the larger acute public hospitals.

*Very small hospitals* generally provide less than 200 admitted patient separations each year.

### Specialist hospital groups

Specialist hospitals perform a readily identified role within the health system. They include women's and children's hospitals, psychiatric hospitals, subacute and non-acute hospitals and outpatient hospitals.

#### Women's and children's hospitals

*Children's hospitals* specialise in the treatment and care of children.

*Women's hospitals* specialise in the treatment of women.

*Women's and children's hospitals* specialise in the treatment of both women and children.

## Psychiatric hospitals

Psychiatric hospitals specialise in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability.

*Psychogeriatric hospitals* specialise in the psychiatric treatment of older people.

*Child, adolescent and young adult psychiatric hospitals* specialise in the psychiatric treatment of children and young people.

*General acute psychiatric hospitals* provide acute psychiatric treatment.

*General non-acute psychiatric hospitals* provide non-acute psychiatric treatment – mainly for the general adult population.

*Forensic psychiatric hospitals* provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.

## Subacute and non-acute hospitals

*Public rehabilitation and geriatric evaluation and management hospitals* primarily provide rehabilitation and/or geriatric evaluation and management in which the clinical purpose or treatment goal is improvement in the functioning of a patient.

*Mixed subacute and non-acute hospitals* provide a mixture of subacute (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care) and non-acute (maintenance) care that is not covered by the hospitals in the *Rehabilitation and geriatric evaluation and management hospitals* peer group.

## Other specialised hospitals

*Early parenting centres* specialise in care and assistance for mothers and their very young children.

*Drug and alcohol hospitals* specialise in the treatment of disorders relating to drug or alcohol use.

*Same day hospitals* treat patients on a same-day basis. The hospitals in the same day hospital peer groups tend to be highly specialised.

*Other day procedure hospitals* provide a variety of specialised services on a same-day basis.

*Other acute specialised hospitals* specialise in a particular form of acute care, not grouped elsewhere. This group is very diverse and includes hospitals that specialise in the treatment of cancer, rheumatology, eye, ear and dental disorders.

*Outpatient hospitals* provide a range of non-admitted patient services. They generally do not admit patients.

*Unpeered hospitals* – the hospital could not be placed in one of the other peer groups.

# Glossary

Most definitions in the Glossary contain an identification number from the Metadata Online Registry (METeOR) – Australia’s central repository for health, community services and housing assistance metadata, or ‘data about data’. It provides definitions for data for health and community services-related topics and specifications for related national minimum data sets (NMDSs). METeOR can be viewed on the AIHW website at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

**activity-based funding:** A method of funding health services based on the amount and type of activity. METeOR identifier: 496325.

**acute:** Having a short and relatively severe course.

**Allied health and/or clinical nurse specialist intervention:** Services provided by an allied health professional or clinical nurse specialist (IHPA 2013b).

**emergency occasion of service:** A non-admitted patient occasion of examination, consultation, treatment or other service provided as an individual session to non-admitted patients in the emergency services functional unit of an establishment. METeOR identifier: 270506.

**funding source:** The source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 472033.

**group session:** A non-admitted occasion of service provided to two or more patients, where all individuals are not members of the same family. METeOR identifier: 269674.

**group session status:** An indicator of whether a non-admitted patient service event was delivered in a group. METeOR identifier: 400662.

A group must have two or more persons attending in the capacity of patients in their own right. One service event is recorded for each patient who attends a group session.

**hospital:** A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR identifier: 268971.

**Index of Relative Socio-Economic Disadvantage (IRSD):** One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

**Indigenous status:** A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives. METeOR identifier: 291036.

**Medical consultation:** Service provided by a general physician or medical specialist (IHPA 2013b).

**Medicare Benefits Scheme:** The funding source reported for Medicare eligible non-admitted patients presenting at a public hospital outpatient department for whom services are billed to Medicare. Includes both bulk-billed patients and patients with out-of-pocket expenses.



**National health data dictionary:** A biennial publication of all the standardised and accepted terms and protocols used for the collection of health information.

**non-admitted service type:** The type of service through which an establishment provides health care to a non-admitted patient in a non-admitted setting. METeOR identifier: 500722.

For 2013–14, the types of services are defined using the Tier 2 Non-Admitted Services classification version 2.0 (IHPA 2013b).

**non-admitted patient:** A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient; outpatient; and other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services). METeOR identifier: 268973.

**occasion of service:** Refers to an occasion of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in a functional unit of an establishment.

**outpatient:** See **non-admitted patient**.

**outpatient clinic type:** The organisational unit or organisational arrangement through which a hospital provides a service to a non-admitted patient. METeOR identifier: 400598.

**outpatient clinic tier 2 type:** see **non-admitted service type**.

**peer group:** Groupings of hospitals into broadly similar groups in terms of characteristics.

**procedure:** An intervention provided by a surgeon or other medical specialist (IHPA 2013b).

**public hospital:** A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.

**remoteness area:** A classification of the remoteness of a location using the ASGS Remoteness Structure (ABS 2011), based on the Accessibility /Remoteness Index of Australia which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The categories are *Major cities, Inner regional, Outer regional, Remote, Very remote and Migratory*.

**service delivery mode:** The method of communication between a non-admitted patient and a health-care provider during a service event. METeOR identifier: 410953.

**service delivery setting:** The setting in which a service is provided to a non-admitted patient during a service event. METeOR identifier: 403593.

**service event:** An interaction between one or more health-care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in dated entry in the patient's medical record. METeOR identifier: 400604.

**stand-alone diagnostic service:** Diagnostic services, within a specific field of medicine or condition (IHPA 2013b).

**type of non-admitted patient care:** A broad classification of services provided to non-admitted patients, including emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing and other outreach services. METeOR identifiers: 270395, 270502–270514.

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## Related publications

This report, *Non-admitted patient care 2013–14*, is part of the *Australian hospital statistics* annual series. AIHW has previously published comprehensive reports for the financial years 1993–94 to 2012–13 (AIHW 2014a and earlier). The earlier editions and any published subsequently can be downloaded for free from the AIHW website <[www.aihw.gov.au/hospitals-publications/](http://www.aihw.gov.au/hospitals-publications/)>. The website also includes information on ordering printed copies.

Accompanying the release of *Non-admitted patient care 2013–14* is *Hospital resources 2013–14: Australian hospital statistics* and *Australia's hospitals 2013–14: at a glance*.

The following AIHW publications relating to hospitals, hospital service utilisation and hospital resources might also be of interest:

- AIHW 2015 (forthcoming). *Australian hospital peer groups 2015*. Canberra: AIHW.
- AIHW 2015. *Hospital resources 2013–14: Australian hospital statistics*. Health services series no. 63. Cat. no. HSE 160. Canberra: AIHW.
- AIHW 2015. *Admitted patient care 2013–14: Australian hospital statistics*. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.
- AIHW 2014. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.
- AIHW 2014. *Australian hospital statistics 2013–14: emergency department care*. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.
- AIHW 2014. *Australian hospital statistics 2013–14: elective surgery waiting times*. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW.
- AIHW 2014. *Australian hospital statistics 2012–13: private hospitals*. Health services series no. 57. Cat. no. HSE 152. Canberra: AIHW.
- AIHW 2014. *Australian hospital statistics 2012–13*. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.
- AIHW 2014. *Health expenditure Australia 2012–13: analysis by sector*. Health and welfare expenditure series no. 53. Cat. no. HWE 62. Canberra: AIHW.
- AIHW 2014. *Health expenditure Australia 2012–13*. Health and welfare expenditure series no. 52. Cat. no. HWE 61. Canberra: AIHW.

Please see <[www.aihw.gov.au/publications-catalogue/](http://www.aihw.gov.au/publications-catalogue/)> to access a complete list of AIHW publications relating to Australia's health and welfare.

In 2013–14, about 46 million occasions of service were provided for non-admitted patients by 558 public hospitals, including:

- 6 million occasions of service for emergency care
- 18 million for outpatient care
- 22 million for other non-admitted patient care.

For the first time, information is also included about the patient's age and sex, their Indigenous status, how the service was delivered and how it was funded.